

**EFFECTIVENESS OF SELECTED NURSING  
INTERVENTIONS ON REDUCTION OF  
AFTER PAINS AMONG MULTI  
PARA MOTHERS**



*Dissertation Submitted To*

**THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY  
CHENNAI**

**IN PARTIAL FULFILLMENT OF REQUIREMENT FOR THE AWARD OF  
DEGREE OF**

**MASTER OF SCIENCE IN NURSING  
APRIL 2012.**

**A STUDY TO ASSESS THE EFFECTIVENESS OF SELECTED  
NURSING INTERVENTIONS ON REDUCTION OF AFTER  
PAINS AMONG MULTI PARA MOTHERS IN  
UPGRADED PRIMARY HEALTH CENTRE,  
KUNDRATHUR AT CHENNAI 2011-2012.**

Certified that this is the bonafide work of

**Ms. PRIYAKUMARI.M**  
**MADHA COLLEGE OF NURSING**  
**KUNDRATHUR, CHENNAI - 600 069.**

**COLLEGE SEAL**

**SIGNATURE:** \_\_\_\_\_

**Prof. TAMILARASI. B**  
R.N., R.M., M.Sc.(N)., M.Phil., Ph.D.,  
Principal,  
Madha College of Nursing,  
Kundrathur, Chennai – 600 069,  
Tamil Nadu.



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**Approved by dissertation committee on :** 03.02.2011

**Research Guide :** \_\_\_\_\_

**Prof. TAMILARASI.B**  
R.N., R.M., M. Sc(N)., M.Phil., Ph.D.,  
Principal,  
Madha College of Nursing,  
Kundrathur,  
Chennai – 600 069, Tamil Nadu.

**Clinical Guide :** \_\_\_\_\_

**Mrs. KANAGAVALLI.P**  
R.N., R.M., M.Sc.(N),  
Head of the Department  
Obstetrics and Gynaecological Nursing  
Madha College of Nursing,  
Kundrathur,  
Chennai – 600 069, Tamil Nadu.

**Medical Guide :** \_\_\_\_\_

**DR. SHANMUGAVALLI**  
M.B.B.S., M.D., D.G.O.,  
Assistant Surgeon  
Upgraded Primary Health Centre,  
Kundrathur,  
Chennai - 600 069, Tamil Nadu.

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# *Abstract*

## ABSTRACT

After pains is the spasmodic, intermittent pain felt in the lower abdomen. It is due to vigorous uterine contractions and its occurring in an effort to expel any remaining blood clots. Postpartum uterine contraction tend to be stronger and to persist for a longer period in multipara mothers.

The nurses role immediately after delivery is to apply massage to the uterus and keep the uterus firm to prevent excessive vaginal bleeding. After pains might be more painful for women who had more than one pregnancies to compensate for the previous stretching of their uterus to return to its pre pregnancy size.

The study was conducted to evaluate the effectiveness of selected nursing interventions on reduction of after pains among multi para mothers in Upgraded Primary Health Centre, Kunrathur at Chennai. The hypothesis of this study was there is no significant relationship between the selected nursing interventions on reduction of after pains among multi para mothers. The study was conducted by adopting pre experimental one group pre test post test design. Thirty multi para mothers who fulfilled the inclusion criteria were selected by purposive sampling technique. The multi para mothers were explained about the procedure and the assessment tool and the mothers were encouraged to empty the bladder. To assess the level of after pains 0-10 Numeric Rating Scale was used, followed by selected nursing interventions such as fundal massage for 30 seconds and alternative leg lifting exercise for 1 minute, each leg lifting for 30 seconds was performed. This procedure was repeated for 5 times within 10 minutes in the morning and in the evening of the same day. Then at the end of the procedure the post intervention level of after pains was assessed by using the same 0-10 Numeric Rating Scale.

The analysis of the study revealed that, the paired 't' test value of 22.78, was very high significant at the level of  $p < 0.001$ . It indicates the effectiveness of selected nursing interventions such as fundal massage and alternative leg lifting exercise on reduction of after pains among multi para mothers.

# ***Introduction***



# CHAPTER I

## INTRODUCTION

**Birth is not only about making babies  
Birth is also about making mothers,  
Strong, Competent, Capable mothers, who  
Trust themselves and know their inner strength”**

**[Barbara-Katz Rothman]**

Pregnancy is a long and very special journey for a woman. It is a journey of dramatic physical, psychological and social change of becoming a mother, of redefining family relationships and taking on the long term responsibility for caring a new born baby. Generations of women have traveled the same route, but each journey is unique.

Hatfield. T. N, (2010) stated that processes of pregnancy and birth challenges the woman's psychological and physiologic coping mechanisms during the postpartum period, sometimes referred to as the fourth trimester of pregnancy, the woman must adjust to the reality of her new role as a mother, while her body recovers from pregnancy and childbirth.

Tucker. S, (2000) stated that postpartum period is a time of restoration and return to the non pregnant state. This 6 to 8 weeks duration is generally defined as the postpartum period from the delivery of the placenta to the involution and return of the reproductive organs to their non-pregnant state. The postpartum period is characterized by significant anatomic, physiologic and endocrinology changes related to the involution and lactation process. It is also a time of major psychologic and social change as the new mother bonds with her infants, assuming responsibility for incorporating her infant into the family system.

Pillitteri. A, (1992) stated that although the ailments during postnatal period are minor, the postnatal mother may often find it disturbing and she may fail to

enjoy the joyful experience of motherhood. Pain thresholds cause the amount of pain experienced to be unique to each individual. Pain is a subjective symptom. But the women herself can describe or know the extent of her pain. Pain may cause anxiety, which may increase the intensity of pain. Pain and child birth are both so bound up together in our cultural expectations. The discomfort and pain can arise from a variety of sources, including an episiotomy, lacerations, perineal trauma, incisions and uterine contractions after delivery, hemorrhoids, breast engorgement and nipple tenderness.

Involution of the uterus involves uterine contraction, autolysis of myometrial cells and epithelial regeneration and proliferation. Immediately following delivery of the infant, contractions of the uterine myometrium compress the blood vessels supplying the placental site, causing homeostasis and separation of the placenta from the uterine wall, leaving the basal portion of the deciduas. Postpartum contractions (after pains) during the first 12 to 24 hours may be strong, gradually diminishing in intensity and frequency over the next few days.

Leifer. K, (2003) had also stated that intermittent uterine contractions may cause after pains similar to menstrual cramps. The discomfort is self-limiting and decreases rapidly within 48 hours postpartum. Breastfeeding mothers may have more after pains because infant sucking causes their posterior pituitary to release oxytocin that contracts the uterus. Mild analgesics may be prescribed to reduce the after pains.

After pains occur more often in multi paras or in women whose uterus was overly distended. Primi mothers uterine tone is good, the fundus generally remains firm and the woman usually perceives only mild uterine cramping. Periodic relaxation and vigorous contraction are more common in subsequent pregnancies and may cause uncomfortable cramping called after pains that persist throughout the early puerperium.

After a multipara delivers, the uterus contracts and relaxes at intervals, this leads to after pains which can be quite severe. For primi para, the uterus normally remains contracted and after pains are less severe than that of the multipara. Many

women who plan to breastfeed are unprepared for the after pain that accompanies with breast feeding in the first few days after birth. After birth pain can vary from mild to severe in different women and can even vary from birth to birth for the same woman. It is comforting to know that afterbirth pains both temporary and important. the baby sucking it stimulates the mothers body to produce a hormone called oxytocin that causes uterine contractions.

Vaginal bleeding will persist for 4 to 6 weeks after delivery. A portion of the placenta may have remained in the uterus, which can prevent the uterus from contracting and closing off the blood vessels, that leads to hemorrhage, during this period postnatal mothers will experiences malaise and lower abdominal pain. After the placenta delivers the site where it was attached is like an open wound requiring pressure to stop bleeding, use of oxytocin has been advocated to decrease the blood loss, that increase after pains.

Bobak. C, (2002) stated that uterus get relaxed due to full bladder pressure against the uterus. The uterus tries to remain firm by intensifying the contraction and their by increases the discomfort, hence after pain arises. To avoid the after pain, frequently bladder needs to be emptied.

After pains are most severe during breast feeding due to the release of the hormone oxytocin and many women feel after pains are much worse than delivery. The after pains will gradually decrease and its usually quite severe by about two to three days following delivery. After pains causes more discomfort to mothers physiologically and psychologically as well. It also makes mothers to feel that it is a process of labour instead of feeling the goodness of baby's health and it tend to be relatively mild after the birth of first baby and can extremely painful after second or subsequent deliveries.

Feleao. R, (2003) has written an article on after pains and various herbs useful in reducing after pain cramping. She suggests various herbal measures such as safflower, peach seed, black tea and other measures to reduce the after pains. Massaging the uterus, lying in fetal position, calcium supplement, lying on abdomen

with a pillow underneath, mild leg lifting exercise and keeping the bladder empty helps in reducing the after pains.

Plaembam. P, (2002) codes in her article 'Alleviating After pains' that after pains were experienced by the mother after birth. She also says that exercise and calcium supplement (500mg) twice daily during the postnatal period helps in prevention and treatment of after pains. Exercises like head lifting, lying down with knee bending and deep breathing helps in uterine contraction and thus helps in bringing down the after pains.

### **NEED FOR THE STUDY**

No one knows better than the mother, that pregnancy is an amazing journey. After the mother gives birth, the mother goes through another round of dramatic emotional and physical changes. The mother probably feels alternately, cheerful joy and utter exhaustion and may also experience physical pain, which she might not have expected.

After the delivery the mothers is exhausted mentally and physically, therefore she is in need of complete rest. The post partum period is an important transitional time for the new mother. Epidemiological data from women after labour reveals that majority of women complaints of pain in all areas of their body which suggest the process adoption of nerve to the altered hormone and changing function of the reproductive organ. During this period, the mother experiences problems like after pains, back pain, pain in the leg, breast engorgement, perineal discomfort, fatigue etc. Holocroft. A, (2004)

Bobak. C, (1998) says that uterine involution is a major change that occurs during this period. Considerable amount of time spent focusing on pain relief for labour and birth and rarely postpartum pain. In response to the decrease in intra uterine volume, the intensity of the uterine contraction increases, these acts as a homeostasis to control bleeding and contraction and relaxation causes uncomfortable cramping in the mother is called after pains.

After pains is an infrequent, intermittent pain, which can be severe and very uncomfortable. The mothers may experience it for the next few days. For many postnatal mothers this event takes place in the context of hospitalization, which is often a new experience. The unfamiliar surroundings, the intense fatigue experienced by 50% of women and the continuation of pain may reduce the pain threshold.

Flynn. C, (2004) Explained that after birth contractions are intense and uncomfortable and sometimes the pain is so severe that it effects in “Let down reflex” and affects the bonding between mother and baby. Gentle massage of uterus or lying on the abdomen may help to minimize the bleeding and help to expel the remaining clots. Also, as the bladder fills, it presses against the uterus and it causes relaxation of uterus. In response, the uterus tries to remain firm by intensifying the contraction and thereby increasing the discomfort of After pains.

Holderoft. A, (2004) suggested that post partum lower abdominal pain says that pain after labour can be as severe as those experienced during postnatal period particularly occurring lower abdomen, which is strong contraction of uterus during breast feeding. In United Kingdom, government lead a survey of 3500 postnatal mothers. The result revealed that the majority of mothers reported pain at various parts of the body. It is recommended that care during the postnatal period must be properly planned and delivered.

Dewan. T. et al., (1993) stated that after pains often worsen with increased parity and need some multiparous women may describe them as worse than labour. After pains are very common and most frequent (77%) pain reported following birth by multiparous women. Despite being so common, there is very little literature concerning after pains and most advice centers around oral analgesics paracetamol especially prior to breast feeding, hot water application and warm baths. Some women have also found using the breathing exercise learned for labour helpful when breastfeeding. A pathological reason for after-pains is the uterus attempting to expel retained products.

After pains are typically mild for the first delivery and its not lost long, it is quite uncomfortable after a second delivery and usually get worse with each successive pregnancy, because first time mothers have better uterine muscle tone so the uterus tends to contract and stay contracted, rather than intermittently relaxing and contracting again, cramping was more instance during the first day or two after giving birth and should taper of on the third day.

Jensen. M, (1997) has depicted that the midwife may increase the maternal comforts by proper explanation of the physiology of afterbirth pain, need for keeping her bladder empty and gentle massage, encouraging deep breathing and relaxation exercises. Pain disables and distresses many people in the present day. Commonly used pain relief measures are massage, hot or cold application, acupressure, use of herbs, oil massaging, hydrotherapy, musical therapy and also analgesics.

According to WHO, (2000) estimated that 150 million deliveries occurs annually. Nearly 6,00,000 women dies each year, of these 99% of deaths occurs in developing countries. The maternal mortality ratio worldwide figure is estimated to be 100 per 1,00,000 live births by the year 2010. In India every 5 minutes 1 woman dies from complications related to pregnancy and child birth.

According to ICMR, (2003) task force study showed that hemorrhage 29% and sepsis 16% are the most common causes for death in women during postnatal period due to lack of postnatal care. According to WHO, (2005) reported that world total maternal death are 400/1,00,000 live births in developed countries and 440/1,00,000 live births in developing countries.

Every year in India, 30 million of mothers give birth to new born. Census according to UNICEF taken in year of 2010 shows that 88% of the postnatal mothers suffering with after pains. According to WHO, 22.22 million mothers in 2008, 21.76 mothers in 2009, 21.34 mothers in 2010, 20.96 mothers in 2011 have given births to newborns. In that 19.4 million postnatal mothers are affected with postpartum minor disorders. Attainment of motherhood is considered a fulfillment in a women's life. The postnatal period is viewed by the mother and family as positive,

depending on the nurturing received during the hospital stay and freedom from discomfort.

The investigator realised that helping the mother in alleviating the discomfort of after pains and helping her to overcome it will enable her to get a feeling of well being. So during this period, they feel discomfort and come across a bitter experience after the delivery, which will interfere with caring for a new born. So the investigator felt the need for helping the postnatal mothers to overcome the after pains.

It is evident, that postnatal care has been given little attention and that many pain problems, arises in that period and is inadequately cared for. Therefore, the investigator believes in providing selected nursing measures for the mother to relieve her discomfort of “After pains” and to help her to cope better with the experience of motherhood and to enjoy the wonderful experience of childbirth and safer postpartum adjustment.

When investigator was posted in primary health centre at kundrathur, She has provided nursing care for the postnatal mothers. She identified that many multipara mothers had complaints of lower abdominal pain than primi para mothers and neglected to wear the abdominal binder, so the researcher found that there is a need for nursing intervention to reduce the level of after pains among them. Hence the researcher decided to implement the selected nursing interventions such as fundal massage, alternative leg lifting exercise among multi para mothers to alleviate the after pains.

## **STATEMENT O F THE PROBLEM**

A study to assess the effectiveness of selected nursing interventions on reduction of after pains among mult para mothers in Upgraded Primary Health Centre, Kundrathur at Chennai.

## OBJECTIVES

1. To assess the level of after pains among multi para mothers.
2. To assess the level of after pains among multi para mothers after administration of selected nursing intervention.
3. To evaluate the effectiveness of selected nursing interventions on reduction of after pains among multi para mothers.
4. To associate the pre intervention and post intervention level of after pains among multi para mothers with their demographic variables

## OPERATIONAL DEFINITIONS

**Effectiveness:** Refers to the reduction in the level of after pains experienced by the multi para mothers after implementing the selected nursing interventions.

**After pains:** Refers to infrequent, spasmodic lower abdominal cramps experienced by the mother after delivery for 2 days, which is exacerbated by breast feeding and measured by 0-10 Numeric Rating Scale.

**Selected nursing interventions:** Refers to the nursing interventions such as fundal massage and alternative leg lifting exercise for the multi para mothers.

**Fundal massage:** Refers to the manual massage given on the fundus with one hand supporting the fundus and other hand just above the symphysis pubis in a rotatory movement for 30 seconds.

**Alternative leg lifting exercise:** Refers to the lifting the legs alternatively the left and right (each lift for 30seconds) repeated for 10 times (5 times each leg). The mother is in supine position.

**Multi para mothers:** Refers to the mothers those who delivered more than one time by normal vaginal delivery without any postpartum complications.



**HYPOTHESIS**

There is no significant relationship between the selected nursing interventions on reduction of after pains among the multi para mothers

**DELIMITATIONS**

- The sample size was delimited to 30 multi para mothers
- The period of study was delimited to 4 weeks only.

# *Review of Literature*

## **CHAPTER – II**

### **REVIEW OF LITERATURE**

This chapter deals with the information collected in relation to the present study through published and unpublished materials for foundation to carry out the research work. Highly extensive review of literature relevant to research topic was done to collect maximum information for foundation of the study. The task of reviewing research literature for research involves the identification, selection, critical analysis and written description of existing information on the topic of interest. It is usually advisable to undertake a literature review on a subject before actually conducting a research project (Polit & Hungler, 1995).

#### **PART-I REVIEW OF RELATED LITERATURE**

After pains are caused by involuntary contractions and usually last for 2 to 3 days after child birth. It is more evident for women who have previously had a baby breast feeding stimulates the uterus to contract and increases the severity of after pains. There are many remedies there to reduce the after pains, such as analgesics, fundal massage and alternative leg lifting exercises, hot water applications, cold applications, herbal therapies, oil massage, music therapy. The role of midwife is always to provide physical and emotional comfort, alternate ailments and to alleviate unnecessary anxiety and provide encouragement that will contribute to the mother's well being and responses to her infant.

Review of literature of the present study was arranged in the following heading.

- Literature related to post partum health problems
- Literature related to after pains
- Literature related to selected nursing interventions

#### **PART-II CONCEPTUAL FRAMEWORK**

## PART I

### REVIEW OF RELATED LITERATURE

#### **Literature related to post partum health problems**

Post partum is remarkable, in that many of the physiological changes that involved gradually over the course of pregnancy in virtually every organ system revert to the non pregnant state. These rapid changes are well tolerated by most women. But those with certain underlying pathologic conditions may not withstand them very well and may suffer from serious complications. Pharmacological and non-pharmacological interventions may be warranted to minimize the puerperal blood loss like fundal massage. Exercise, which shall prevent the onset of muscle weakness.

**Kakyota. L, et al., (2011)** conducted an experimental study on factors associated with depressive symptoms among post partum mothers in young child clinic of a public hospital in Uganda. The samples were selected by using convenient sampling technique. The sample consists of 450 post partum mothers. The data was collected on the third post partum day. Edinburgh depression scale was used to assess the depressive symptoms among postnatal mothers. The result showed that male partners of post partum mothers are major source of factors associated with post partum depressive symptoms in rural areas.

**Yelland. J, et al., (2010)** conducted a descriptive study to assess the postpartum anxiety and depression among primi para mothers at Australia. The sample were selected by convenient sampling technique. A total sample of 4366 postnatal mothers were included in the study. Self structured questionnaires was used as a tool to collect the data among primi para mothers. The results showed that among the postnatal mothers 17.4% mothers were affected with anxiety and 18% of mothers were affected with depression.

**Bloch. J, et al., (2008)** conducted a descriptive study on post partum physical symptoms among primi para mothers and their relationship to functional limitations and emotional well being in Philadelphia, purposive sampling technique

were used. The sample consists of 1323 women who received prenatal care were included in the study. Depression scale and self structured check list were used as a tool. The result shows that more than two third (69%) of mothers were had atleast one physical health problem since child birth. Another 45% of mothers reported that they had one moderate to severe health problem and 20% of mothers reported that they had one severe health problem.

**Sahytt . E, et al., (2007)** conducted a descriptive study to determine the risk factors for poor self health in women at two months and one year after child birth in Sweden. Data were collected by questionnaire in early pregnancy by using convenient sampling technique. Totally 2424 postnatal mothers were included in the study. Self structure questionnaire was used to collect the data. Data were analysed by logistic regression analysis. Results showed that physical problems such as tiredness, musculoskeletal symptoms and abdominal pain, emotional problems and depressive symptoms or increased risk of poor self rated health in both primi and multi para mothers.

**Askar. A, et al., (2005)** conducted an experimental study to assess the efficacy of carbetocin versus syntometrine in the management of third stage of labour following vaginal delivery at taiba hospital in Kuwait. Prospective double blind randomized controlled study design was adopted for the study, simple random sampling technique were used to collect the data. The sample consists of 240 women with normal vaginal delivery, in that 120 mothers received carbetocin and 120 mothers received syntometrine, results shows that statistically high significant different in the estimated blood loss between the carbetocin and syntometrine groups.

**Eroflu. K, et al., (2003)** conducted a cohort study to determine the effects of episiotomy on bonding of mothers health at turkey hospital. A Quasi experimental one group pretest post intervention design were adopted for the study. Purposive sampling technique was used to select the samples. Total sample consists of 100 primi para mothers. In that 50 primi para mothers in experimental group and 50 primi para mothers in control group, The result showed that mean duration of the second stage was longer in the experimental group than the control group

**Jackson. K, (2002)** conducted a randomized double blinded study on the influence of administration of prophylactic oxytocin on the incidence of postpartum hemorrhage. The total sample consists of 1486 mothers, in that 745 mothers were in the before placenta group and 741 mothers were in the after placenta group. One ampule of injection oxytocin was administered to the mothers. The study was concluded that there is no significant relationship on the influence of prophylactic administration of oxytocin on the incidence of postpartum hemorrhage in before placenta group

### **Literature related to after pains**

After pains is the infrequent, spasmodic pain felt in the lower abdomen after delivery for a variable period of 2 to 4 days. Presents of blood clots or bits of clots, that leads to hypertonic contractions of the uterus in an attempt to expel them out. This is commonly met in primipara. The mechanism of pain is similar to cardiac angina pain induced by ischemia. The treatment includes massaging the uterus with expulsion of the clot followed by administration of analgesics and antispasmodics.

**Arabin. B, (2011)** conducted a prospective randomized study on effects of routine administration of methylegometrin on involution among postnatal mothers in German. The main objective of the study is to assess the level of post partum pain. Totally 880 postnatal mothers were selected by convenient sampling technique. The sample 444 mothers were given 0.125 mg of methylegometrin 3 times a day and 436 mothers were given the same dose of placebo three times a day over 4 weeks. The result showed that postpartum pain almost twice as instance in the treated and untreated group. The study was concluded that routine administration with methylegometrin was no longer significant difference.

**Jangsten. E, et al., (2011)** conducted a randomized controlled trial to compare women experience of after pains intensity with the active and expected management of third stage of labour among 1802 women at two delivery units in a university hospital at Sweden. The women were randomized into two groups such as 903 mothers for active management 899 mothers for expected management respectively. After pains were assessed by visual analog scale and pain o meter after

2 hours following delivery and the day after child birth. The study was concluded that active management of the third stage of labour does not provoke more intense after pains than expectant management of the third stage of labour.

**Deussen. A.R, (2010)** conducted a randomized controlled trial to assess the effectiveness of NSAID on reduction of after pains following vaginal birth in South Australia. Totally 18 studies involving (1498 women) were included as a sample. In the study group I included 750 postnatal mothers and they have been given NSAID with placebo were as the group II included 748 postnatal mothers were given NSAID with opioids in the morning and evening for 2 days. The study was concluded that non-steroidal anti-inflammatory drugs including aspirin were better than placebo in relieving pain from uterine cramps following vaginal delivery.

**Kenet. N, (2007)** conducted an experimental study to investigate the intensity of the after pains in selected hospitals at Norwalk. A sample of 400 postnatal mothers was selected by purposive sampling technique, among that 202 mothers were primiparous and 198 mothers were multiparous. Numerical pain intensity scale was used to assess the level of after pains intensity. The study finding showed that 78% of primiparous and 82% of multiparous suffered with severe pain. The study was concluded that multiparous mothers had severe level of after pains.

**Andrias. N, (2006)** conducted a descriptive study to evaluate the level of after pains among postnatal mothers at Royal university at Washington. The main objective of the study is to assess the level of after pains. Totally 96 women were selected by convenience sampling technique. Visual Analog Scale was used to assess the level of after pains. The data were analyzed by descriptive and inferential statistics. The result showed that statistically significant at  $P=0.01$ . The study was concluded that most of the postnatal mothers were expressed after pains was discomforting and distressing pain.

**Hanson. F, (2005)** conducted a prospective study on experience of after pains among postnatal mothers in Tehran. In this study questionnaires were sent to both primiparous and multiparous. Totally 657 mothers were responded, among them 300 mothers were primiparous and 357 mothers were multiparous. The study

was concluded that the greater majority of women explained after pains as moderate to severe level of pain during the first three days following normal vaginal delivery.

**Goudburn. L, (2000)** conducted an operational research examined the postpartum health problems among postnatal mothers in Bangladesh. Total of 1010 postnatal mothers were included in the study. The sample was selected by convenient sampling technique. Methods like indepth interviews and observational check list was used to collect the data. In indepth interview personal experience and in observational check list vital signs, breast changes, bladder and bowel function, vaginal bleeding was assessed. The result showed that 50% mothers had after pains and 38% of postnatal mothers had breast problems. This study was concluded that half of the postnatal mothers suffered with after pains.

**Margaret . C, (2000)** stated that after pains often worsen with increased parity and indeed some multiparous women may describe that worse than labour. After pains are very common, they are the most frequent (77%) pain reported following birth by multiparous women. A pathological reason for after pains is, the uterus attempting to expel retained products of the placental fragments. Fundal massage helps to expel the retained products and reduces the after pains.

**Melzaek. R. et al., (2000)** conducted a study on severity of after pains and influence of physical as well as psychologic variables. A total of 240 postnatal mothers were selected by purposive sampling technique, in that 141 primiparous and 99 multiparous mothers. In general, pain increased gradually during the first after delivery in both groups of mothers. In that some of the primiparous mothers had mild pain and multiparous mothers at severe pain. The finding shows that physical as well as psychologic factor attribute to the severity of after pains.

### **Literature related to selected nursing interventions**

After pains are not a reason to worry, it can cause discomfort or even pain. Some mothers will notice them more than other, particularly if this not the first baby. Some say that the after pains increase after each subsequent baby, though not



everyone reports this to be true. For pain, we can use comfort measures like warm packs, massage of the fundus through abdomen and certain medications.

**Poornima. S, (2009)** conducted a one group pre-test post-test experimental study in selected hospitals at Salem. Totally 60 postnatal mothers were included, 30 mothers in control group and 30 mothers were in experimental group. Purposive sampling technique was used to select the samples. Nursing interventions was given in the morning and evening for 2 days. 0-10 Numeric Rating Scale was used to assess the level of after pains. Postnatal mothers showed a high significant decrease in the level of after pains following nursing interventions such as emptying the bladder, fundal massage and alternative leg lifting exercises, at  $p < 0.001$  in comparison with the pre assessment of after pains. The study was concluded that selected nursing interventions was effective on reduction of after pains.

**Jayalakshmi. L, et al., (2008)** conducted an experimental study on effectiveness of fundal massage on relief of after pains among postnatal mothers at Bangalore. Totally 60 postnatal mothers were included in the study. Systemic random sampling technique was used. There were 30 mothers experimental group and 30 mothers in control group. 0-10 Numeric Rating Scale was used to assess the level of after pains the result revealed that before therapy majority of women experience severe pain in both group. In that experimental group 100% of them experienced mild pain when compared with the control group.

**Karpagavalli. P, (2007)** conducted a one group pre test post test experimental study in southern railways hospital at Chennai. Totally 60 postnatal mothers were included in that 30 mothers in control group, 30 mothers in experimental group. Nursing interventions was given in the morning and evening for 2 days. 0-10 Numeric Rating Scale was used to assess the level of after pains. Postnatal mothers showed a high significant decrease in the level of after pains following nursing interventions such as emptying the bladder, fundal massage and alternative leg lifting exercises, at  $p < 0.001$ , in comparison with the pre assessment of after pains. The study was concluded that selected nursing interventions was effective on reduction of after pains.

**Smitha. J, (2005)** conducted a one group evaluative study to assess the effectiveness of selected nursing measures on after pains for a period of 4 weeks among primi para mothers who delivered in selected hospitals at Assam. Totally 60 postnatal mothers were included, in that 30 mothers in control group and 30 mothers in experimental group. Nursing interventions was given in the morning and evening for 2 days. 0-10 Numeric Rating Scale was used to assess the level of after pains. Selected nursing measures, like emptying the bladder, fundal massage, alternative leg lighting exercise was given to primi para mother with After pains. The result of the study showed that the mean percentage was 92%. So the selected nursing measures was effective in reducing after pains.

**Shavitha. A, (2005)** conducted an evaluative study to determine the effectiveness of fundal massage and alternative leg lifting exercise on after pains among primiparous at Mangalore. A Quasi experimental post intervention only design was adopted for the study. Convenient sampling technique was used. The sample consist of 50 primiparous women, 25 in each experimental and control group. The data collection tools were observational check list and demonstration of fundal massage and alternative leg lifting exercise. The result showed that the experimental group had mild pain after the selected nursing measures, were as the control group had moderate to severe pain level of after pains.

**Michel. T et al., (2007)** conducted a randomized controlled trail study on complementary and alternative approaches on reduction of after pains. A total sample of 2939 postnatal mothers were selected by simple random technique. The study group I has included 1469 postnatal mothers and they have been given acupressure and sterile water block. The study group II has included 1469 postnatal mothers and they have been given acupressure and hydrotherapy. The study result revealed that there is an efficacy found for acupressure and sterile water block and some efficacy was found for acupressure and hydrotherapy.

**William. M, (2006)** conducted a randomized controlled study on relief of after pains with subcutaneous of sterile water compared with placebo among postnatal mothers in selected hospitals at Russia. The main objective of the study is to reduce the level of after pains. The sample was selected by simple random

technique. A total sample of 100 postnatal mothers were included, in that 50 postnatal mothers were in experimental group and 50 postnatal mothers were in control group. Pain level was assessed by pain intensity scale. The result showed that after pains was significantly lower in the experimental group than the control group.

**Skilnand. R, (2005)** conducted an experimental study on effectiveness of fundal massage in relieving after pains among postnatal mothers during the first postnatal day after normal vaginal delivery. The sample size consists of 60 postnatal mothers, in that 30 mothers in experimental group and 30 mothers in control group. Visual analog scale was used to assess the level of after pains. The findings showed that pain scores in experimental group  $M=5.69$ ,  $SD=1.3$  was lower when compared to control group  $M=8.75$ ,  $SD=2.6$ . It was concluded that there was significant differences between pain levels of experimental group and control group.

**Korean. J, (2003)** conducted an experimental study on effects of aromatherapy in reduction of after pains among primi para mothers in public hospital at Canada. A total of 48 primi para mothers were selected by using purposive sampling technique. The sample of 24 primi para mothers in experimental group and 24 primi para mothers in control group. The experimental group received aromatherapy oil massage on the lower abdomen and the control group received general obstetrical care. The result findings showed that the experimental group had significant reduction on after pains when compared to the control group. The study was concluded that aromatherapy and oil massage was effective on reduction of after pains.

**Excott. D, (2003)** conducted an exploratory study to assess the level of coping strategies among postnatal mothers with after pains. Totally 121 women were interviewed within 72 hours of the birth of their first child, information is given regarding three coping strategies such as breathing techniques, postnatal changes, relaxation technique and they reported effects of use. The study result showed that effects of the coping strategies was varied widely among the participants and many participants reported that breathing technique was more effective.

**Maly. H, (2001)** conducted an experimental study on the health problem faced by the mother during postnatal period and their home remedies. The researcher found that about 73% of the mother experiences after pains between 1-2 days during postnatal period. The commonly used home remedies for relief of after pains were the use of oral preparation of cereals, milk, spices ingredients and other general measures like lower abdominal massage, tying the lower abdomen, emptying bladder and early ambulation, helps in reducing the level of after pains.

**Lenstru. P, et al., (2000)** conducted a experimental study on effect of warm tub bath during the first postnatal day among postnatal mothers in Victoria maternity clinic at culcutta. A total sample of 88 postnatal mothers were included in the study, in that 44 mothers were in control group and 44 mothers were in experimental group. Visual analogue scale was used to assess the level of after pains. The result findings showed that postnatal mothers received the warm tub bath after delivery had increased relief during the first postnatal day in compared with the control group.

The above chapters dealt with the literatures related to post partum health problem, after pains and selected nursing interventions. There are many nursing interventions such as oil massage, hot water application, cold application, breathing technique, relaxation technique to reduce the after pains.

## **PART II**

### **CONCEPTUAL FRAMEWORK**

The development of conceptual model is a fundamental process required before conducting actual research. The frame work influences each state of research process. The conceptual frame work in nursing research can help to provide a clear concise idea of knowledge about research.

The investigator adopted modified model of Ernestine Wiedenbach's helping art of clinical nursing theory by the year of 1970. The present study is based on the concept of administration of selected nursing Interventions such as fundal massage and alternative leg lifting exercise, to multi para mothers admitted in the postnatal ward following delivery for the effective management of after pains. This theory consists of three factors central purpose, prescription and realization. The investigator developed interventions based on a central purpose and implemented according to the realities of the situation. The central purpose refers to the plan of care for multi para mothers. The prescription refers to the administration of the selected nursing interventions such as fundal massage and alternative leg lifting exercise. The realities refers to the physiological, emotional, spiritual factors that comes into play in situation including nursing actions.

#### **Central Purpose**

It refers to objectives of the investigator which she desires to accomplish. The central purpose of the study is to reduce the level of after pains among multi para mothers. The conceptualization of nursing practice according to the theory consists of three steps such as identifying the need for help, ministering the need for help, validating need for help.

#### **Identifying the need for help**

The investigator identified the needs of the multi para mothers before administering the selected nursing interventions. In this study the investigator used the following tools to assess the need of the mothers. Demographic variables like

age, education, religion, locality, dietary pattern, work pattern. Obstetrical variables like parity, vaginal bleeding, baby weight, duration of labour, number of breast feeding per day, use of oxytocin. Pre assessment level of after pains was assessed with 0-10 Numeric Rating Scale.

### **Ministering the need for help**

It refers to the Agent, Recipient and Environment involved in nursing actions. Agent helps in identifying immediate needs of the multi para mothers to develop inner strength and assume her role as a mother. The Agent denotes to the investigator those who are going to give the interventions to the multi para mothers. Here the investigator prescribed selected nursing interventions such as fundal massage and leg lifting exercises. The recipient that is multi para mothers those who are going to get benefited from the investigator, in this study the recipient that is multi para mothers those who have after pains. The environment which indicates the physical environment that is primary health centre, , multi para mothers admitted in the postnatal ward.

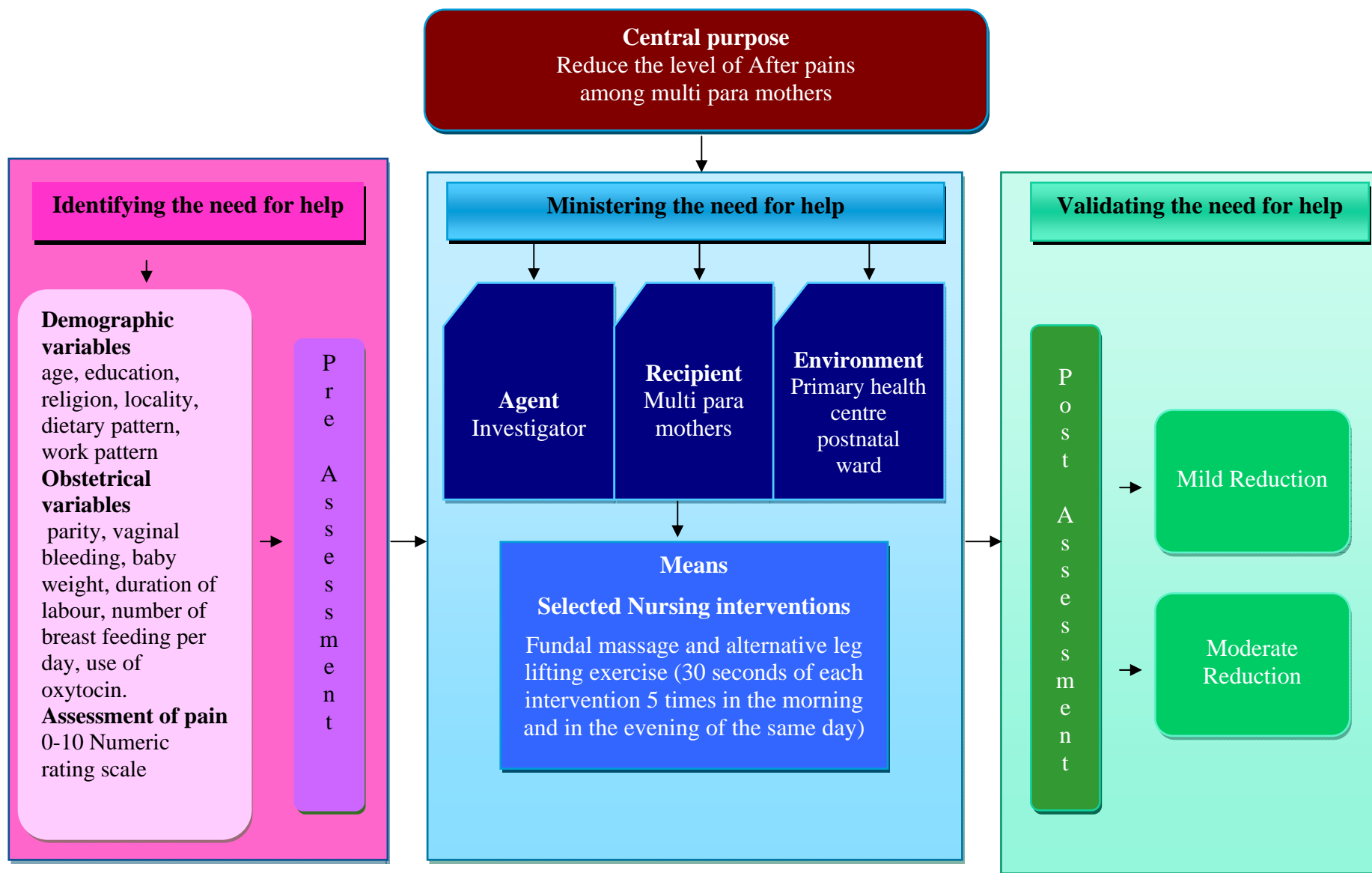
### **Means**

In this study the investigator administered the selected nursing interventions such as fundal massage and alternative left lifting exercises to the multi para mothers who have admitted in the postnatal ward in Upgraded Primary Health Centre, Kundrathur at Chennai, fundal massage for 30 seconds followed by alternative leg lifting exercise for 1 minute, each leg lifting for 30 seconds respectively. This procedure was repeated for 5 times within 10 minutes in the morning and in the evening of the same day.

### **Validating the need for help**

It refers to evaluate the effectiveness of selected nursing interventions on reduction of after pains. Numerical rating scale was used to assess the reduction of after pains among multi para mothers admitted in the postnatal ward in Upgraded Primary Health Centre, Kundrathur at Chennai.

The investigator felt that the modified model of Wiedenbach's helping art of clinical nursing theory (1970) which would be relevant to reduce the level of after pains. Though which the investigator adopted the theory and explained the study in various aspects based on the components of the theory, all the these components are modified and explained based upon the interventions such as fundal massage and alternative leg lifing exercises of the investigator.



**Fig 1: MODIFIED WIEDENBACH'S HELPING ART OF CLINICAL NURSING THEORY., (1970)**



# *Methodology*

## **CHAPTER-III**

### **METHODOLOGY**

Methodology of the research study was information gathered in order to answer the question. It starts from identification of problem to its final conclusion. This study was conducted to assess the effectiveness of selective nursing interventions on reduction of after pains among multi para mothers. It includes aspects like research design, setting, population, sampling, sampling size, sampling technique, description of the instrument, validity, reliability, ethical consideration pilot study, data collection procedure and data analysis.

#### **RESEARCH DESIGN**

The research design adopted for the study was pre experimental one group pre test post test design. This was used to assess the effectiveness of selected nursing interventions on reduction of after pains among multi para mothers.

#### **SETTING OF THE STUDY**

The study was conducted in the Upgraded Primary Health Centre, Kundrathur at Chennai, which compresses of four additional primary health centre. The primary health centre cares for population of 40,800. The upgraded primary health centre is well equipped with moden modalities at it has adequate facilities like emergency room, labor ward, separate antenatal and postnatal ward. There is also a separate neonatal unit to provide warm and resuscitate the new born and there was 24 hours free ambulance service, monthly 100 to 120 normal vaginal deliveries conducted in this centre. The other facilities include out patient department, pharmacy, laboratory and ultrasonagraphy for diagnostic evaluation.

## **POPULATION**

The population of the study includes multi para mothers who have undergone normal vaginal delivery in Upgraded Primary Health Centre, Kundrathur at Chennai.

## **SAMPLE**

The sample consist of multi para mothers who were admitted in the post natal ward in Upgraded Primary Health Centre, Kundrathur at Chennai, those who fulfilled the inclusion criteria.

## **SAMPLE SIZE**

The sample consists of 30 multi para mothers who were admitted in the postnatal ward in Upgraded Primary Health Centre, Kundrathur at Chennai.

## **SAMPLING TECHNIQUE**

Purposive sampling technique was used to select the multi para mothers who were admitted in the postnatal ward in Upgraded Primary Health Centre, Kundrathur at Chennai.

## **CRITERIA FOR SAMPLE SELECTION**

### **Inclusion criteria**

- Multi para mothers those who have undergone normal vaginal delivery without episiotomy.
- Multi para mothers without any postnatal complications.
- Multi para mothers those who were willing to participate.
- Multi para mothers within 48 hours of normal vaginal delivery.

### **Exclusion criteria**

- Multi para mothers with caesarean section and instrumental delivery
- Multi para mothers with postnatal complication like postpartum hemorrhage, puerperal infection, puerperal pyrexia
- Multi para mothers those who had delivered twins

### **DESCRIPTION OF THE INSTRUMENT**

The instrument was developed after the literature review and guidance from the experts. This consists of three parts.

#### **Part I**

It consist of demographic variables includes age, education, work pattern, locality, religion, dietary pattern. The obstetrical variables includes parity, amount of vaginal bleeding, baby weight, duration of labour, use of oxytocin, number of breast feeding per day.

#### **Part II**

It consists of 0-10 Numeric Rating Scale, to assess the level of after pains among multi para mothers. This scale was developed by Mccaffery. M, & Beebe. A, in the year of 1993. The scale consist of 0–10 numeric pain, this scale helps to assign a number from zero to ten to the severity of their pain. The values on the pain scale corresponds to the following pain levels.

- |   |        |   |               |
|---|--------|---|---------------|
| • | 0      | - | No Pain       |
| • | 1 - 3  | - | Mild Pain     |
| • | 4 - 6  | - | Moderate pain |
| • | 7 - 10 | - | Severe pain   |

### **Part III**

It consists of selected nursing interventions such as fundal massage and alternative leg lifting exercises on reduction of after pains among multi para mothers.

#### **Fundal massage**

Fundal massage was done to reduce the level of after pains among multi para mothers. Explained the procedure to the mother. Encouraged the mother to empty her bladder. Provided privacy to the mothers. Encouraged the mother to lie down flat on the bed. Placed one hand on top of the fundus and other hand just above the symphysis pubis. Gentle massage in rotatory movement for 30 seconds was done, and repeated this exercise for 5 times.

#### **Alternative leg lifting exercise**

Encouraged the mother to lie down flat on the bed, asked the mother to lift her right leg at 45° angle for 30 seconds and asked mother to replace the leg to normal position. Then asked the mother to lift her left leg at 45° angle for 30 seconds and asked mother to replace the leg to normal position. Repeated this exercise ten times, 5 times each leg, and made the mother to relax and comfortable.

### **VALIDITY**

Validity is the most important methodological criteria for evaluating any measuring instrument. The content validity of the instrument was obtained from the experts in the field of obstetrics and gynecology. The experts suggested simplification of language in operational definitions, nursing procedures and added some of the variables in the tool. Appropriate modification was made accordingly and tool was finalized.

## **RELIABILITY**

Reliability was measured by inter rater method. The correlation coefficient value was found to be 0.9 which was highly reliable. So the tool was considered highly reliable to conduct this study.

## **ETHICAL CONSIDERATION**

This study was conducted after the approval of dissertation committee and medical director. Formal written permission was obtained from the Department of Public Health and Preventive Medicine kancheepuram District. Multi para mothers were clearly explained about the study purpose and procedures. The formal written consent was taken from the samples. The usual assurance of anonymity and confidentiality was obtained.

## **PILOT STUDY**

The pilot study was conducted for one week from 18.04.2011 to 24.04.2011 to find out the feasibility of the study in Upgraded Primary Health Centre, Kundrathur at Chennai.

The formal written permission was obtained from the Deputy Director of Health Services, Kanchipuram District. The investigator collected the list of deliveries from the labour room and introduced herself to the multi para mothers and explained the purpose of the study to ensure better cooperation. Purposive sampling technique was used to select the participant. The study was carried out with three participants who fulfilled the inclusion criteria and written consent was obtained from the participants.

The multipara mothers were explained about the procedure and the assessment tool. 0-10 Numeric Rating Scale was used to assess the level of after pains. The multi para mothers were encouraged to empty the bladder, then the researcher has administered the selected nursing interventions such as fundal massage for 30 seconds and alternative leg lifting exercise for 1 minute, each leg lifting for 30 seconds respectively. This procedure was repeated for 5 times

within 10 minutes in the morning and evening on the same day. At the end of the procedure by using the 0-10 Numeric Rating Scale, post intervention level of after pains was assessed.

## **DATA COLLECTION PROCEDURE**

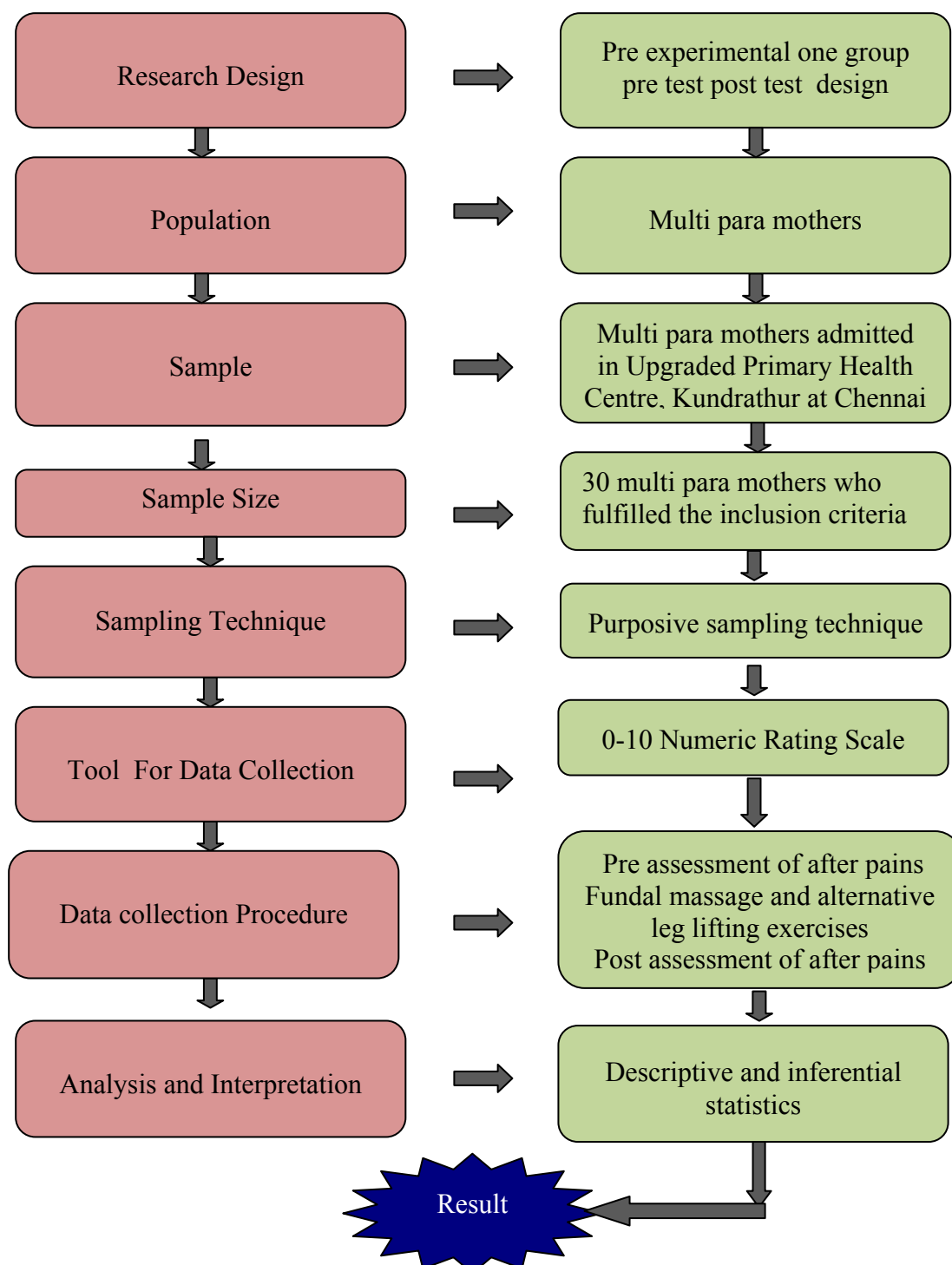
The data were collected after obtaining formal permission from the Deputy director of health services, Kancheepuram District, to conduct the study. The data was collected for one month from 01.06.2011 to 30.06.2011. The investigator collected the list of deliveries from the labour room, The multi para mothers who fulfilled the inclusion criteria were selected as a sample. Written consent was obtained from the samples before starting the data collection procedure.

The investigator introduced herself to the multi para mothers. The multi para mothers were explained about the procedure and the assessment tool. The multi para mothers were encouraged to empty the bladder, to assess the pretest level of after pains numerical pain scale was used, followed by selected nursing interventions such as fundal massage for 30 seconds and alternative leg lifting exercise for minute, each leg lifting for 30 seconds respectively. This procedure was repeated for 5times within 10 minutes in the morning and evening of the same day. Then at the end of the procedure the post intervention level of after pains was assessed by using the same 0-10 Numeric Rating Scale.

## **DATA ANALYSIS**

The data were analyzed in terms of the objectives of the study using descriptive and inferential statistics. Demographic variables of the multi para mothers were analysed in terms of frequency and percentage distribution. Mean and standard deviation was used to compute pre and post intervention level of after pains among multi para mothers. Paired 't' test was used to evaluate the effectiveness of selected nursing interventions among multi para mothers. Chi square test was used to associate the pre and post intervention level of after pains among multi para mothers with their demographic variables.

**A STUDY TO ASSESS THE EFFECTIVENESS OF SELECTED NURSING INTERVENTIONS ON REDUCTION OF AFTER PAINS AMONG MULTIPARA MOTHERS IN UPGRADED PRIMARY HEALTH CENTRE, KUNDRATHUR AT CHENNAI.**



**Fig. 2 :** Schematic representation of research methodology adopted in this study.



*Data Analysis  
and  
Interpretation*

## **CHAPTER–IV**

### **DATA ANALYSIS AND INTERPRETATION**

This chapter deals with the analysis and interpretation of data, collected from thirty multi para mothers those who were admitted in the postnatal ward in Upgraded Primary Health Centre, Kundrathur at Chennai. Descriptive and inferential statistics were used for the analysis of the data. As per the objectives of the study interpretation has been tabulated and organized as follows.

**SECTION A:** Frequency and percentage distribution of demographic variables among multi para mothers with after pains.

**SECTION B:** Frequency and percentage distribution of obstetrical variables among multi para mothers with after pains.

**SECTION C:** Frequency and percentage distribution of pre intervention level of after pains among multi para mothers.

**SECTION D:** Frequency and percentage distribution of post intervention level of after pains among multi para mothers.

**SECTION E:** Comparison between pre intervention and post intervention level of after pains among multi para mothers.

**SECTION F:** Comparison of mean and standard deviation of pre intervention and post intervention level of after pains among multi para mothers.

**SECTION G:** Association of pre intervention and post intervention level of after pains among multi para mothers with their demographic variables.

## SECTION – A

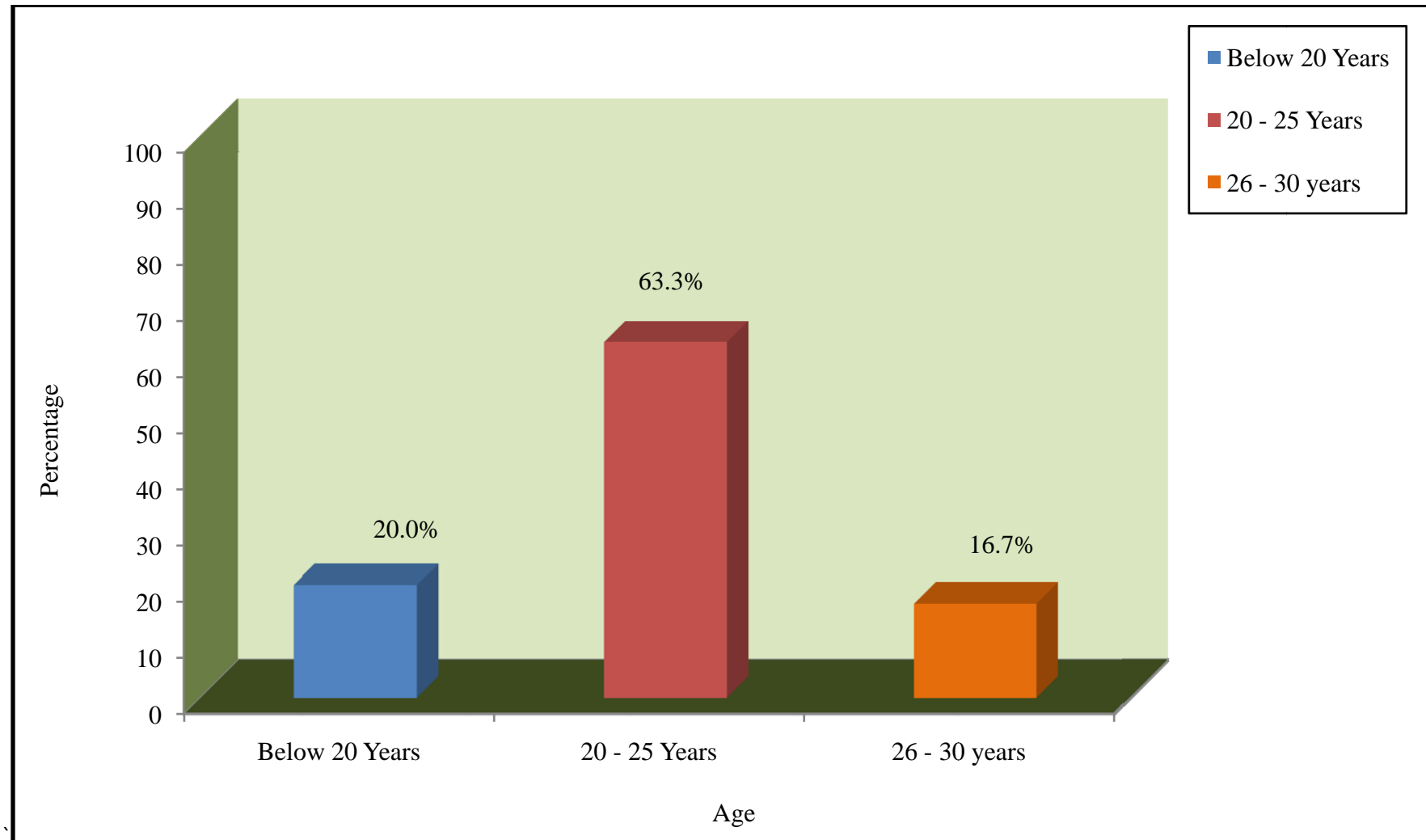
**Table1: Frequency and percentage distribution of demographic variables among multi para mothers with after pains.**

**N=30**

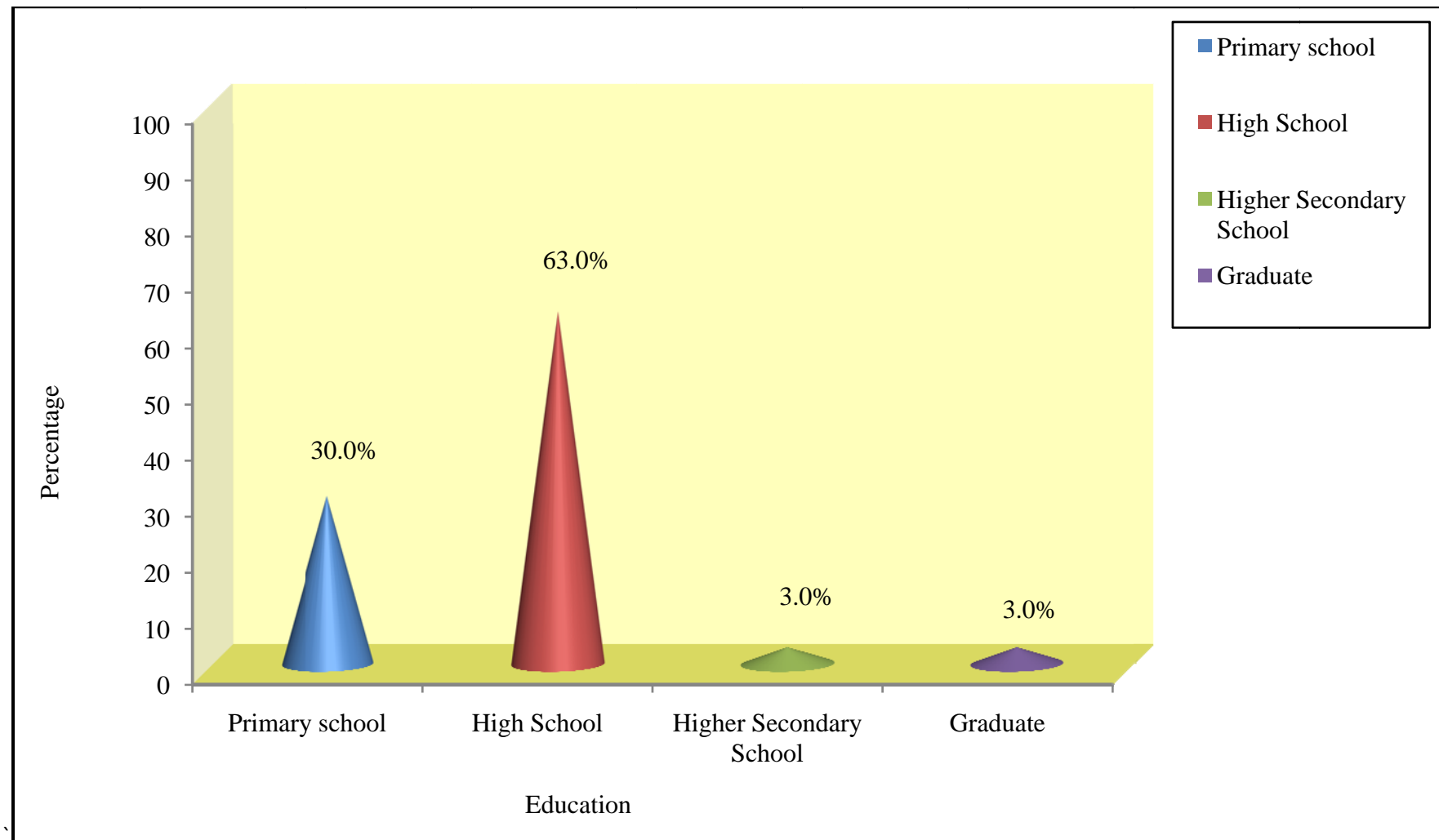
<b>S. No.</b>	<b>Demographic Variables</b>	<b>Frequency</b>	<b>Percentage</b>
1.	<b>Age</b>		
	Below 20 years	6	20
	20 – 25 years	19	63
	26 - 30 years	15	17
2.	<b>Education</b>		
	Primary school	9	30
	High school	19	64
	Higher Secondary school	1	3
	Graduate	1	3
3.	<b>Religion</b>		
	Hindu	24	80
	Christian	4	13
	Muslim	2	7
4.	<b>Locality</b>		
	Rural	17	57
	Urban	13	43
5.	<b>Dietary Pattern</b>		
	Vegetarian	8	27
	Non Vegetarian	22	73
6.	<b>Work Pattern</b>		
	Sedentary	11	37
	Moderate	11	37
	Heavy	8	26

Table 1 represents the frequency and percentage distribution of demographic variables among multi para mothers with after pains. In regard to the age 19 (63%) mothers were in the age group of 20 – 25 years, 6 (20%) mothers were in the age group of below 20 years, 5 (17%) mothers were in the age group of 26–30 years. In accordance with educational status, 19 (63%) mothers have completed their higher school, 9 (30%) have completed their primary school 1 (3%) had completed her higher secondary school, 1 (3%) had completed her graduation.

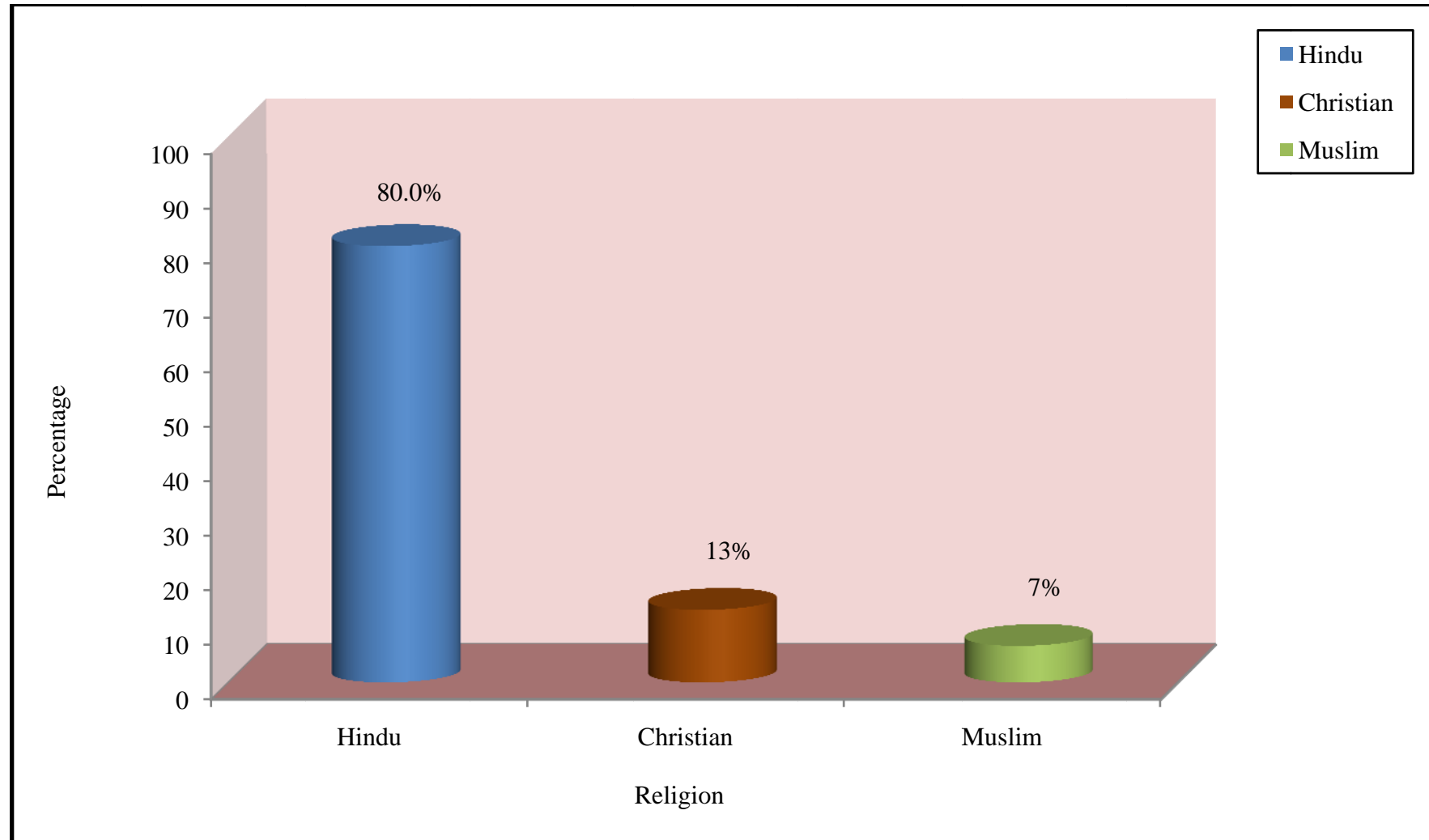
In regard to the religion 24 (80%) of mothers were hindu, 4 (13%) were Christians, 2 (7%) mothers were muslim. In considering the locality 17 (57%) of them were staying in rural area, 13 (43%) mothers were staying in urban area. In accordance with dietary pattern 22 (73%) were non vegetarian, 8 (27%) were vegetarian. Considering working pattern of the multi para mothers 11 (37%) were sedentary workers, 11 (37%) were moderate workers, 8 (27%) were heavy workers.



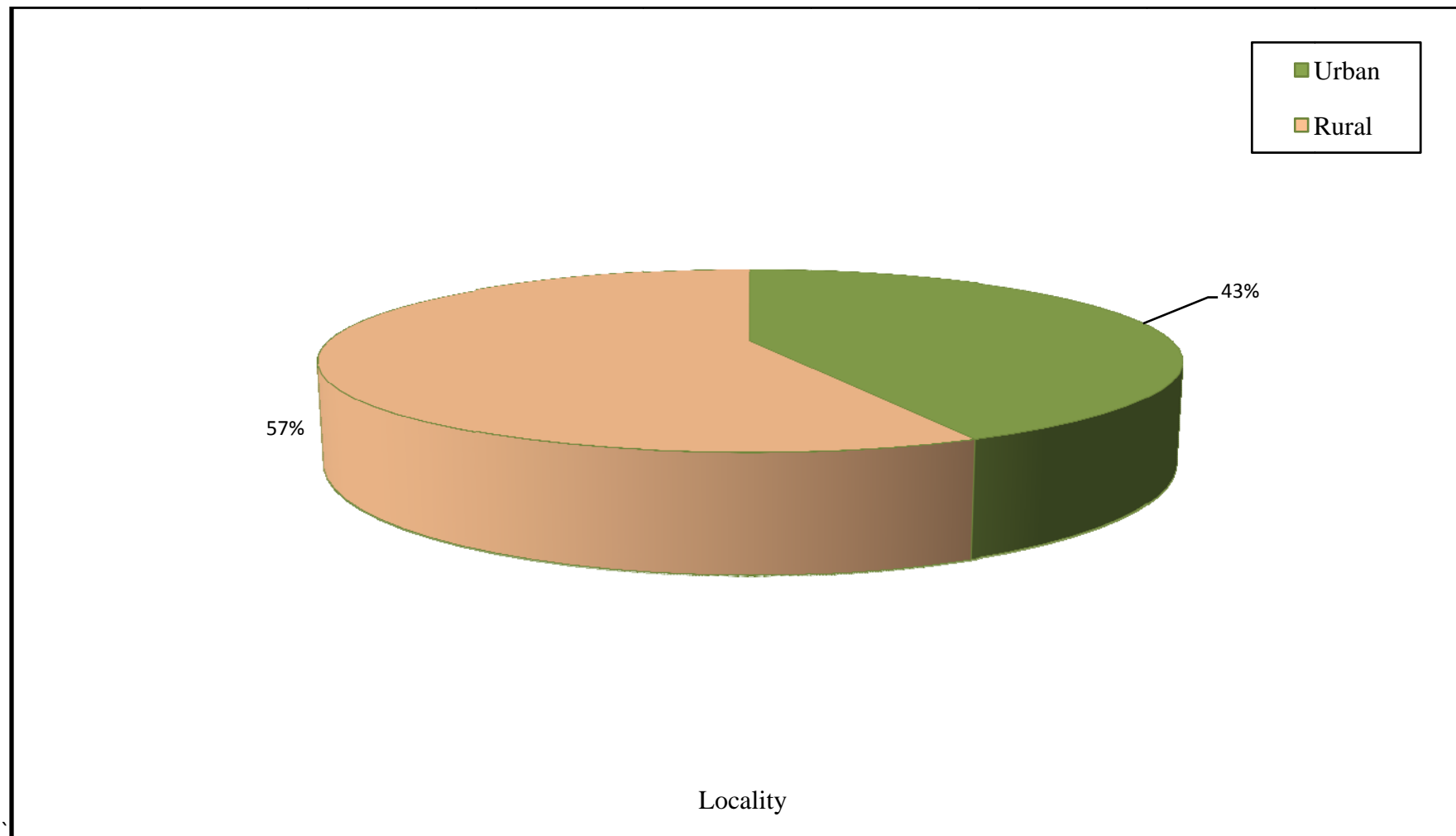
**Fig 3:** Percentage distribution of age among multipara mothers



**Fig 4:** Percentage distribution of education among multipara mothers

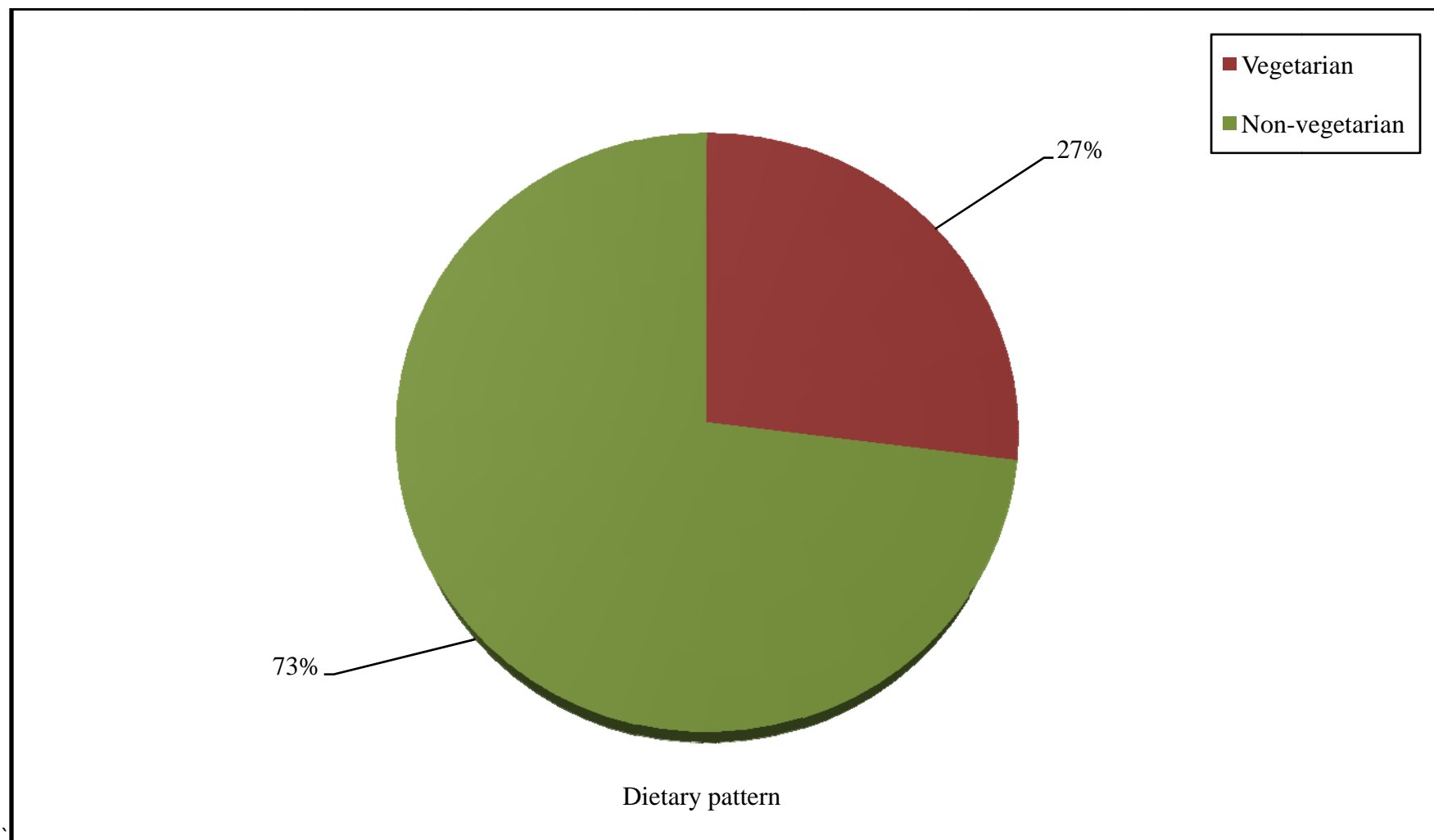


**Fig 5:** Percentage distribution of religion among multi para mothers

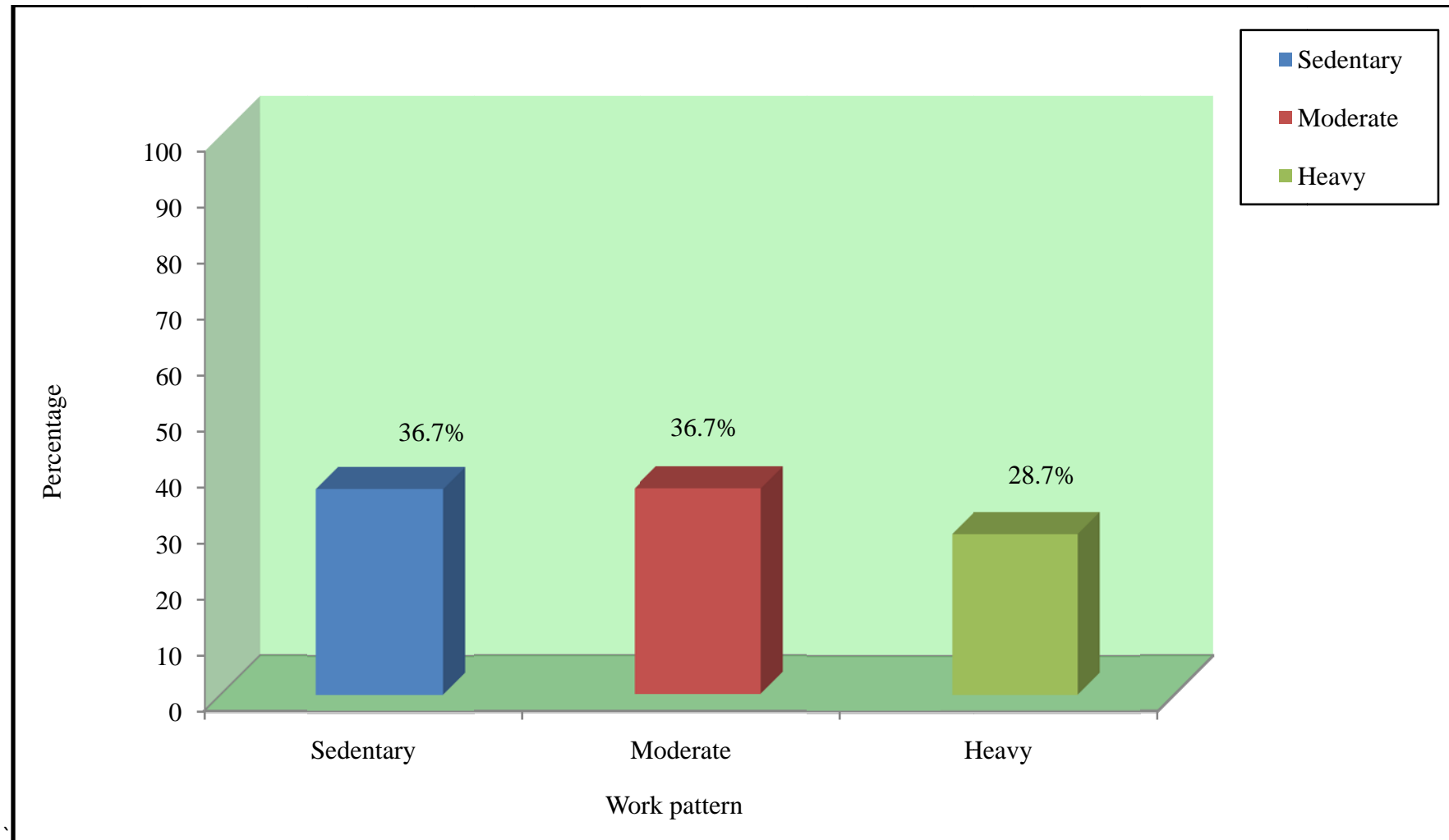


**Fig 6:** Percentage distribution of locality among multi para mothers.





**Fig 7:** Percentage distribution of dietary pattern among multipara mothers.



**Fig 8:** Percentage distribution of work pattern among multipara mothers

## SECTION – B

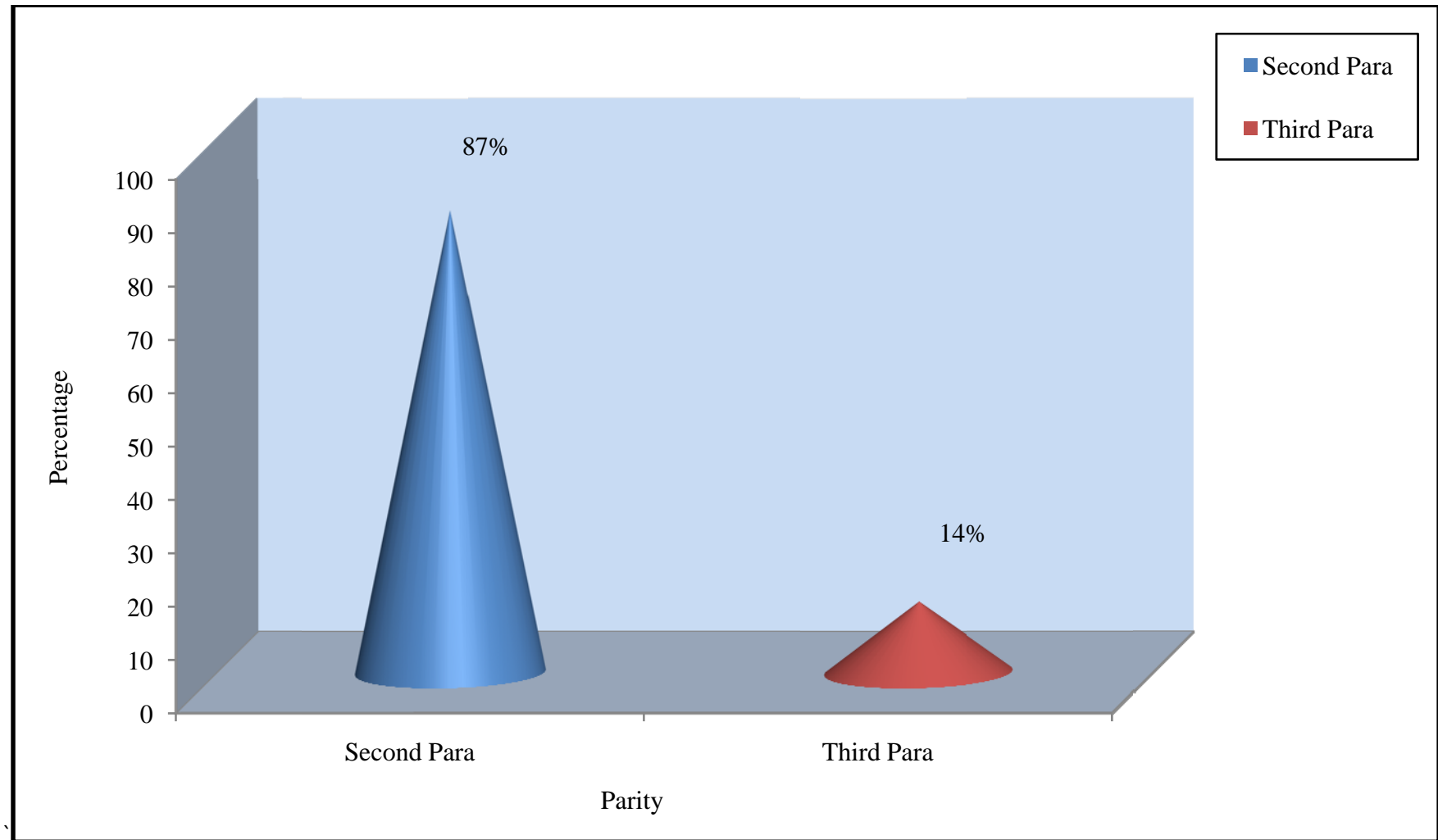
**Table 2: Frequency and percentage distribution of obstetrical variables among multi para mothers with after pains**

**N=30**

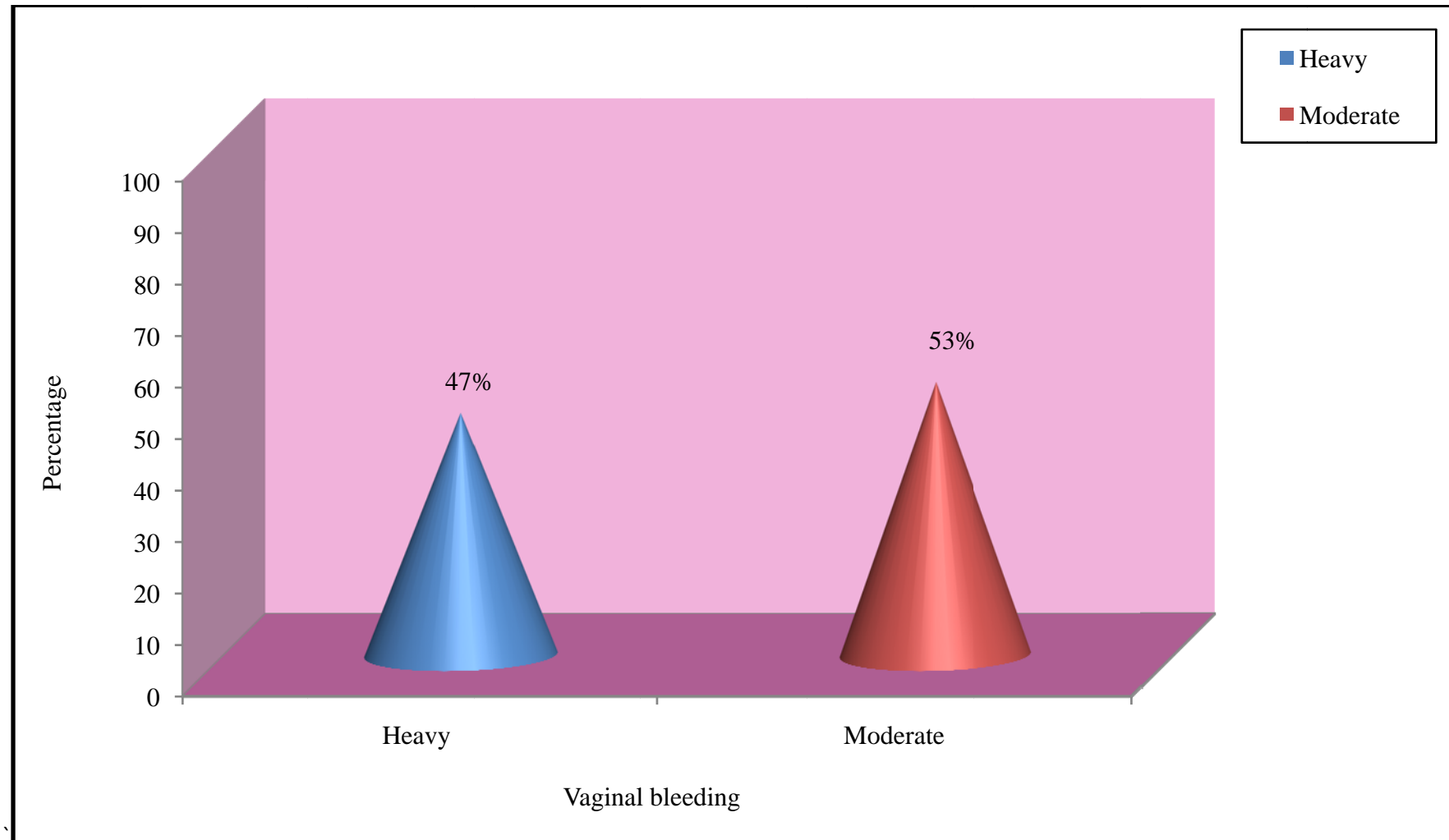
S. No.	Demographic Variables	Frequency	Percentage
1.	<b>Parity</b> 2 <sup>nd</sup> Para 3 <sup>rd</sup> Para	26 04	87 13
2.	<b>Vaginal Bleeding</b> Heavy (More than 5 pads) Moderate (5 pads)	14 16	47 53
3.	<b>Baby weight</b> ≤ 2.5kg 2.6 – 3.0 kg 3.1 – 3.5 kg	03 15 12	10 50 40
4.	<b>Duration of Labour</b> Less than 10 hours 11 – 15 hours	26 04	87 13
5.	<b>Number of breast feeding per day</b> 7 – 10 times 11 – 15 times 16 – 20 times	06 17 07	20 57 23
6.	<b>Use of oxytocin</b> 1 ampule 2 ampules	19 11	63 37

Table 2 represents the frequency and percentage distribution of obstetric variables among multi para mothers with after pains. In regards with parity 26 (87%) were 2<sup>nd</sup> para mothers, 4 (13%) were 3<sup>rd</sup> para mothers. Regarding the vaginal bleeding 16 (53%) had moderate bleeding, 14 (47%) had heavy bleeding. In concern with baby weight 15 (50%) babies were between 2.6 to 3kg, 12 (40%) babies were between 3.1 to 3.5kg, 3 (10%) babies were below 2.5kg. In considering the duration of labour 26 (87%) mothers were delivered within 10 hours, 4 (13%) mothers were delivered between 11 to 15hours.

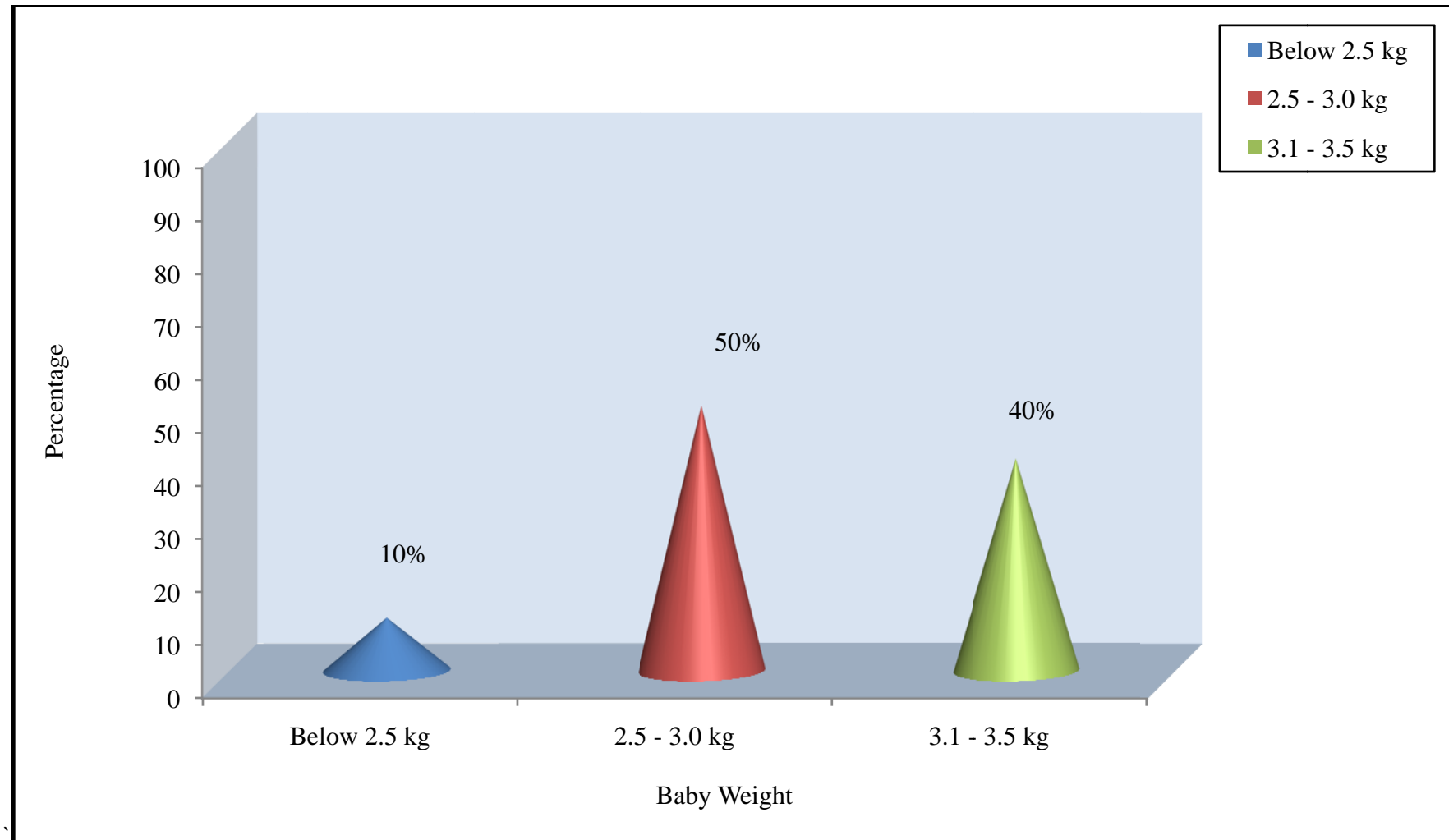
Regarding the number of breast feeding per day 17(57%) mothers had given breast feeding for 11 to 15 times, 7(23%) mothers had given breast feeding for 16 to 20 times, 6 (20%) mothers had given breast feeding for 7 to 10 times. In relation with the use of oxytocin 19 (63%) of mothers had received one ampule of oxytocin, 11 (37%) of mothers had received two ampules of oxytocin.



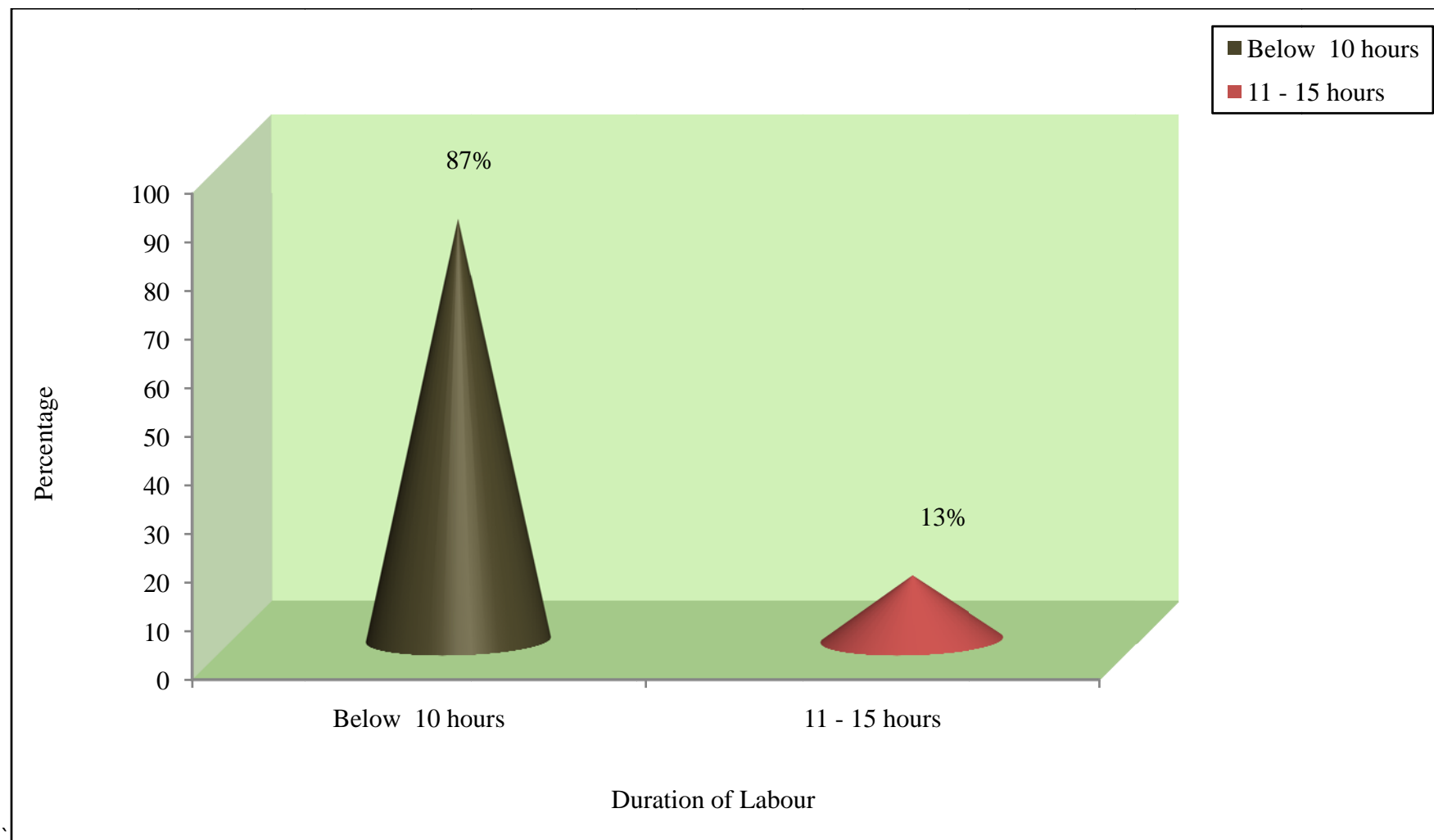
**Fig 9:** Percentage distribution of parity among multi para mothers



**Fig 10:** Percentage distribution of vaginal bleeding among multipara mothers

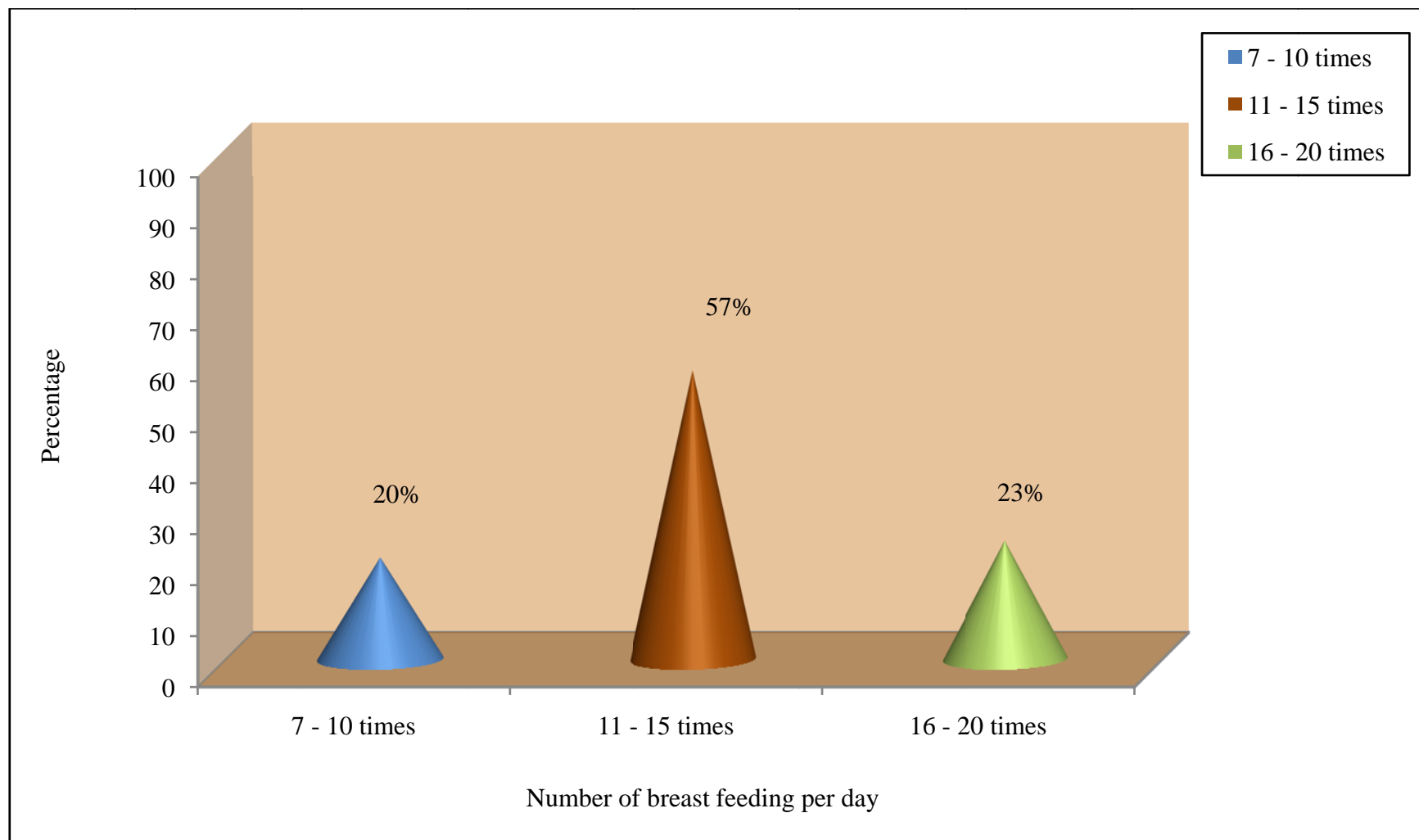


**Fig 11:** Percentage distribution of baby weight among multipara mothers

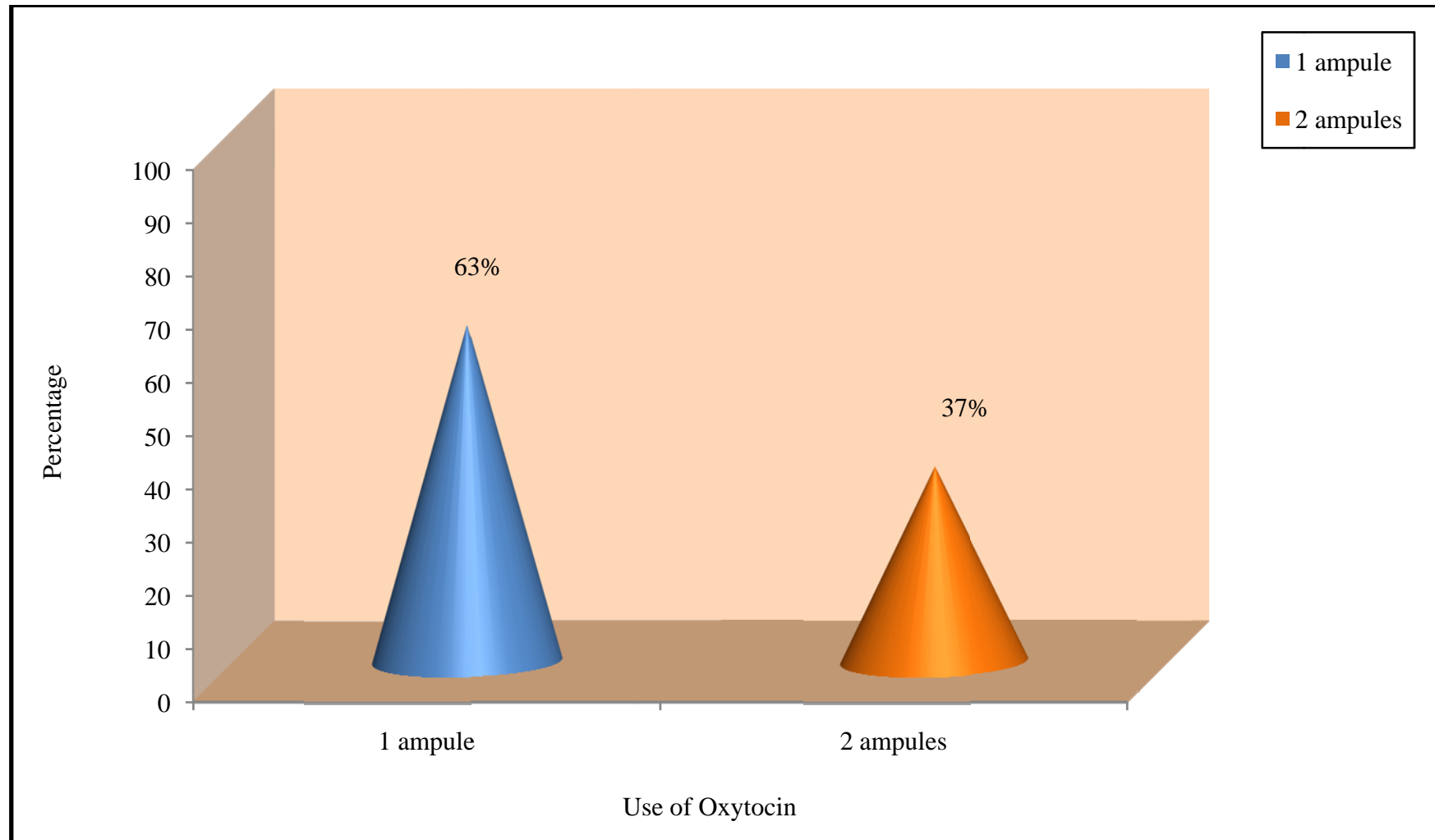


**Fig 12:** Percentage distribution of duration of labour among multipara mothers





**Fig 13:** Percentage distribution of number of breast feeding per day among multi para mothers



**Fig 14:** Frequency and percentage distribution of use of oxytocin among multipara mothers

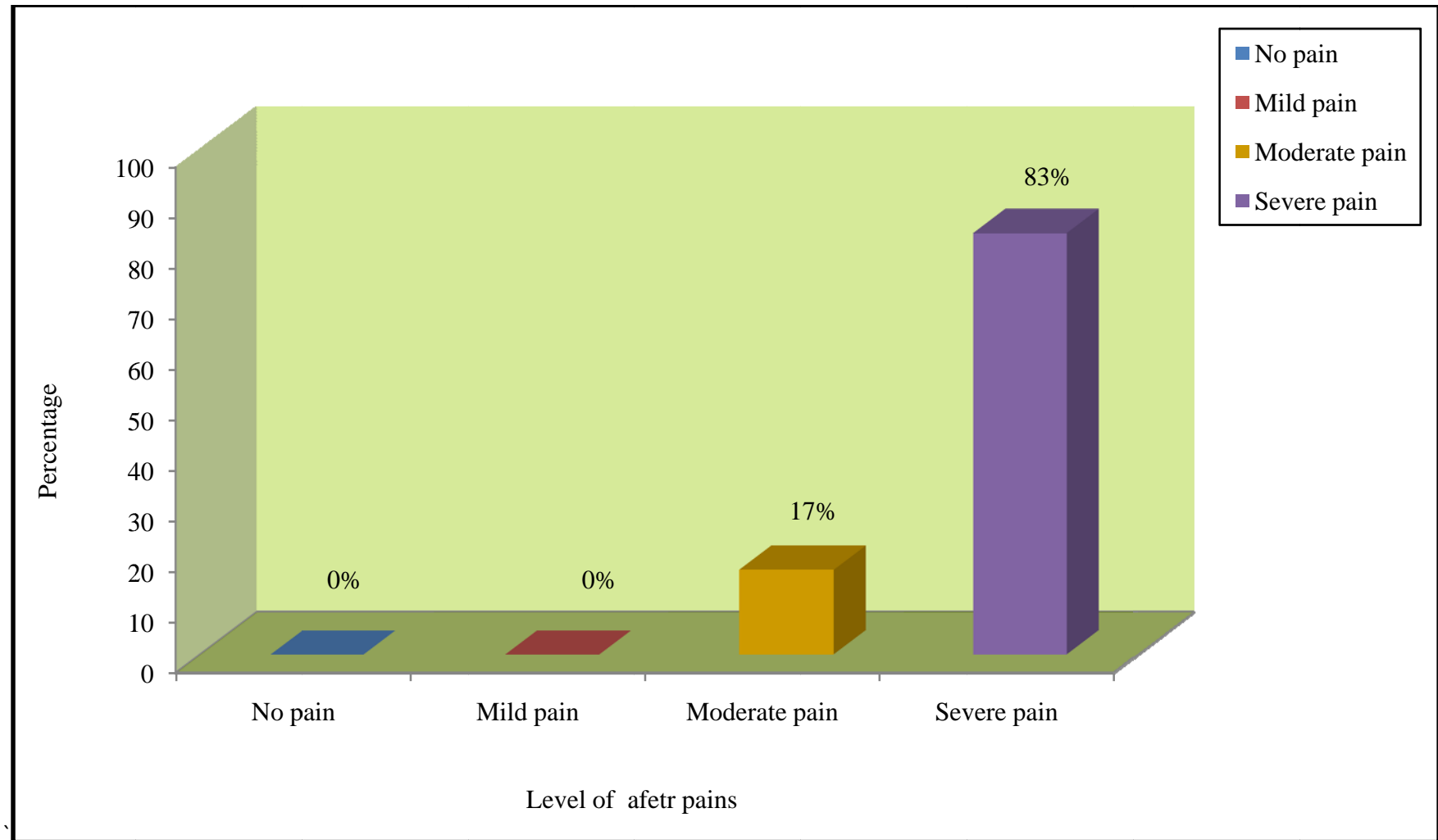
## SECTION – C

**Table 3: Frequency and percentage distribution of pre intervention level of after pains among multi para mothers.**

**N=30**

<b>Level of after pains</b>	<b>Frequency</b>	<b>Percentage</b>
No Pain	0	0
Mild Pain	0	0
Moderate Pain	5	17
Severe pain	25	83

Table 3 represents the frequency and percentage distribution of pre intervention level of after pains among multi para mothers. In the pre intervention level of after pains 5(17%) mothers had moderate pain, 25 (83%) mothers had severe pain and none of mothers had mild pain and no pain.



**Fig 15:** Frequency and percentage distribution of pre intervention level of after pains among multi para mothers

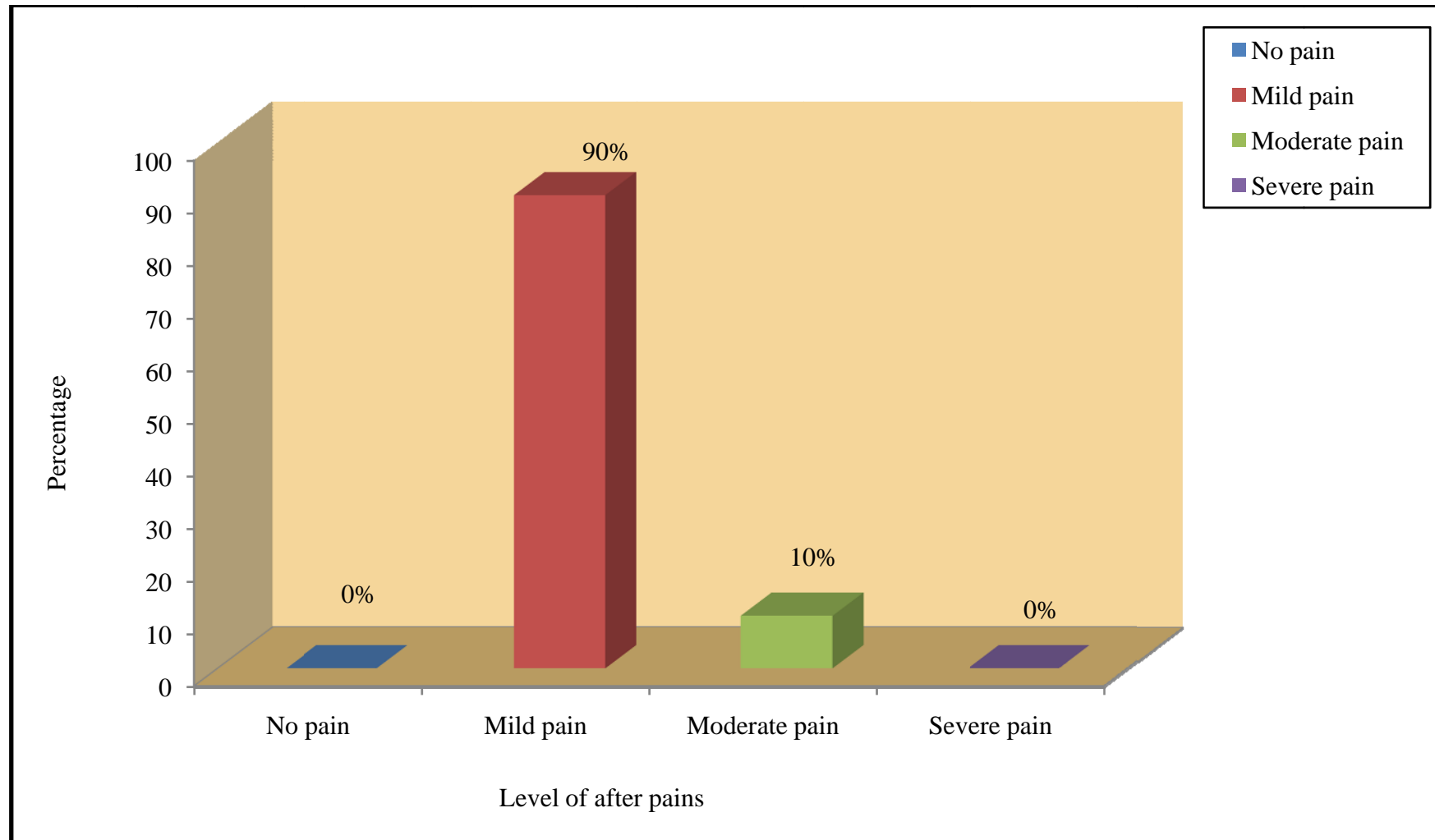
## SECTION – D

**Table 4: Frequency and percentage distribution of post intervention level of after pains among multi para mothers.**

**N=30**

Level of after pains	Frequency	Percentage
No Pain	0	0
Mild Pain	27	90
Moderate Pain	3	10
Severe pain	0	0

Table 4 represents the frequency and percentage distribution of post intervention level of after pains among multi para mothers. In the post intervention level of after pains 27 (90%) mothers had mild pain, 3 (10%) mothers had moderate pain and none of them had no pain and severe pain.



**Fig 16:** Frequency and percentage distribution of post intervention level of after pains among multi para mothers

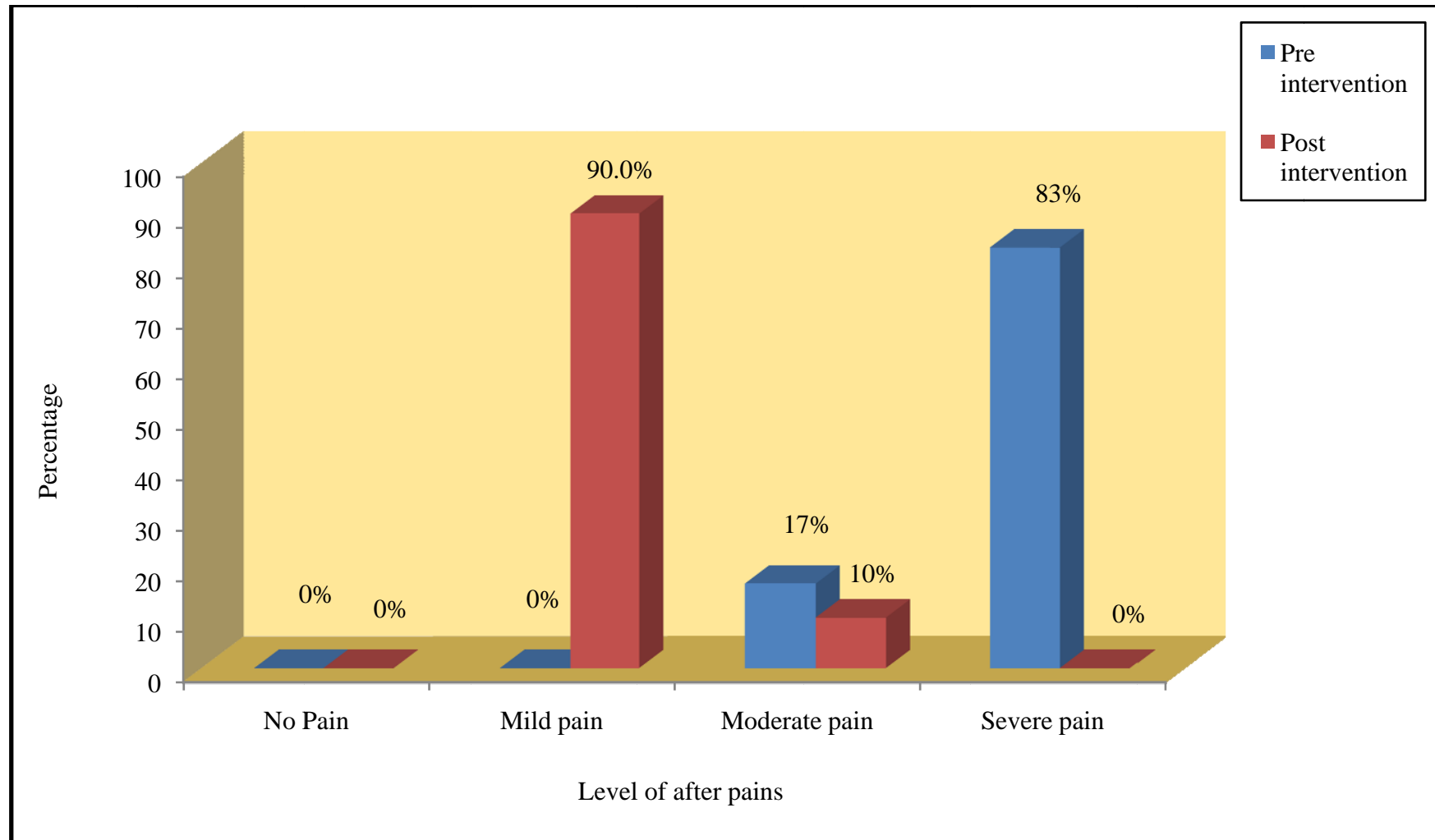
## SECTION- E

**Table 5: Comparison between pre intervention and post intervention level of after pains among multi para mothers .**

**N=30**

Level of after pains	Pre intervention		Post intervention	
	Frequency	Percentage	Frequency	Percentage
No Pain	0	0	0	0
Mild pain	0	0	27	90
Moderate pain	5	17	3	10
Severe pain	25	83	0	0

Table 5 represents the comparison between pre intervention and post intervention level of after pains among multi para mothers, with respect to the pre intervention level of after pains 5 (17%) mothers had moderate pain, 23 (83%) mothers had severe pain and none of them had no pain and mild pain, where as in post intervention 27(90%) mothers had mild pain, 3 (10%) mothers had moderate pain, none of them had severe pain and no pain



**Fig 17:** Comparison between pre intervention and post intervention level of after pains among multi para mothers



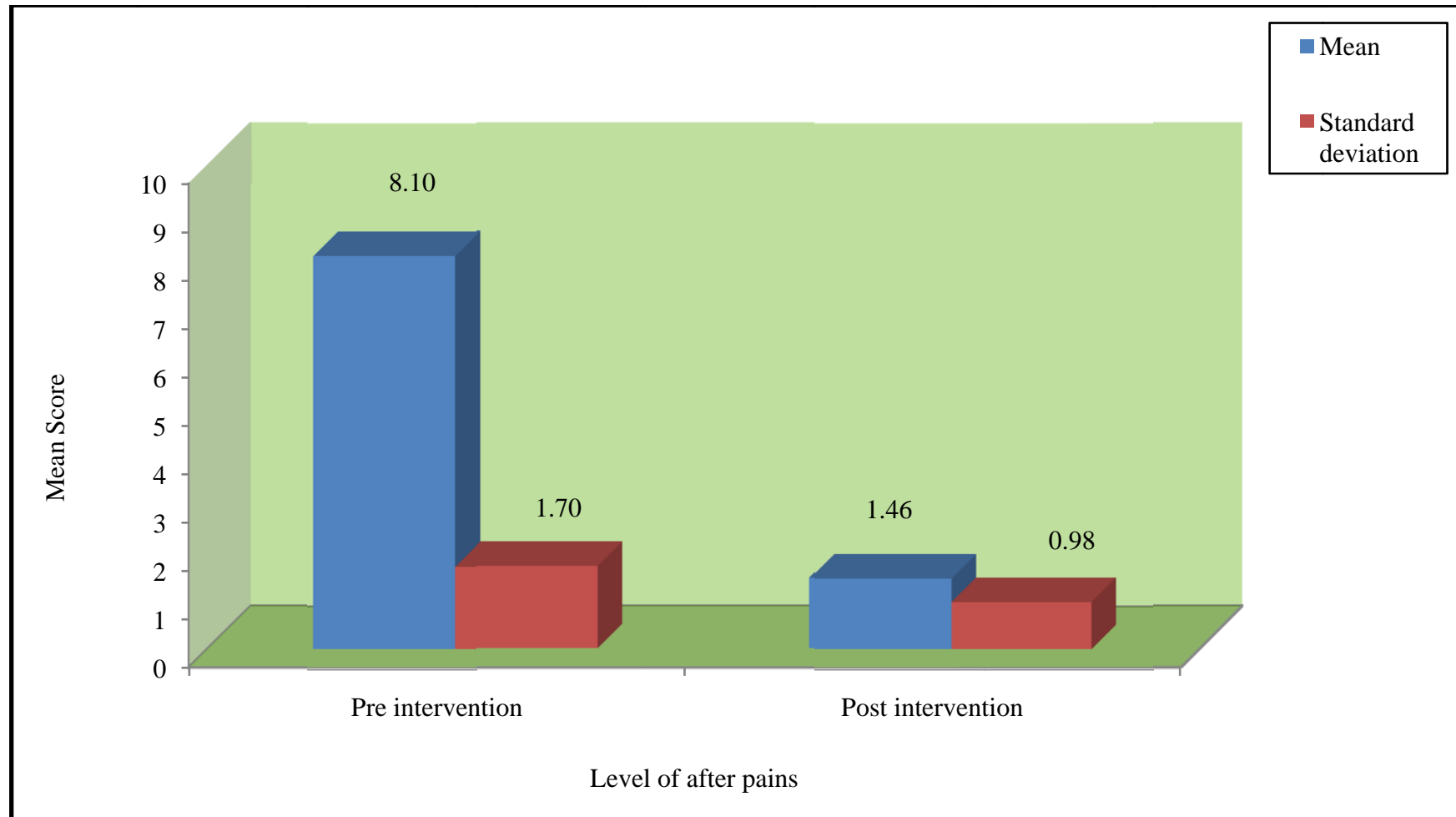
## SECTION-F

**Table 6: Comparison of mean and standard deviation of pre intervention and post intervention level of after pains among multi para mothers.**

Assessment	Mean	Standard deviation	Paired ' t' value
Pre intervention	8.13	1.46	22.78***
Post intervention	1.70	.98	

\*\*\*p<0.001

Table 6 depicts the comparison of mean and standard deviation between pre intervention and post intervention level of after pains among multi para mothers. The mean score was decreased from 8.13 to 1.70, which showed a marked difference of 6.43 respectively and the standard deviation decreased from 1.46 to 0.98, after the administration of selected nursing interventions such as fundal massage and alternative leg lifting exercises. The paired 't' value of 22.78, was very high significant at p<0.001 level. It indicates the effectiveness of selected nursing interventions on reduction of after pains among multi para mothers.



**Fig 18:** Comparison of mean and standard deviation between pre intervention and post intervention level of after pains among multi para mothers

## SECTION – G

**Table 7: Association of pre intervention level of after pains among multi para mothers with their demographic variables**

N=30

S. No.	Demographic and obstetrical variables	Pre intervention level of after pains				Chi-square test $\chi^2$
		Moderate		Severe		
		n	%	n	%	
1.	Age					$\chi^2 = 0.76$ df=1 NS
	≤25 years	3	12	22	88	
	>25 years	2	40	3	60	
2.	Education					$\chi^2 = 1.14$ df=1 NS
	Primary school	3	33	6	67	
	High school/HSc/Graduate	2	10	19	91	
3.	Religion					$\chi^2 = 0.37$ df=1 NS
	Hindu Christian/Muslim	3	13	21	88	
		2	33	4	67	
4.	Locality					$\chi^2 = 1.74$ df=1 NS
	Rural	1	6	16	94	
	Urban	4	31	9	69	
5.	Dietary Pattern					$\chi^2 = 0.85$ df=1 NS
	Vegetarian	0	0	8	100	
	Non Vegetarian	5	23	17	77	
6.	Work Pattern					$\chi^2 = 1.87$ df=1 NS
	Sedentary	0	0	11	100	
	Moderate/Heavy	5	26	14	74	
7.	Parity					$\chi^2 = 0.23$ df=1 NS
	2 <sup>nd</sup> Para	4	15	22	87	
	3 <sup>rd</sup> Para	1	25	3	75	
8.	Vaginal Bleeding					$\chi^2 = 0.10$ df=1 NS
	Heavy (More than 5 pads)	2	14	12	86	
	Moderate (5 pads)	3	19	13	81	
9.	Baby weight					$\chi^2 = 0.66$ df=1 NS
	≤ 2.5kg	1	33	2	67	
	2.6 – 3.0 kg	4	15	23	85	
10.	Duration of Labour					$\chi^2 = 0.06$ df=1 NS
	≤ 10 hours	5	19	21	81	
	11 – 15 hours	0	0	4	100	
11.	No. of. Breast feeding per day					$\chi^2 = 0.38$ df=1 NS
	7 – 10 times	2	33	4	67	
	> 10 times	3	13	21	87	
12.	Use of Oxytocin					$\chi^2 = 1.87$ df=1 NS
	1 ampule	5	26	14	74	
	2 ampules	0	0	11	100	

NS - Non Significant

The above table 7 showed association of demographic variables and pre intervention level of pain among multi para mothers with after pains. The results showed that there was no statistical association between the demographic variables and level of after pains in pre intervention at the level of  $p < 0.05$ .

**Table 8: Association of post intervention level of after pains among multi para mothers with their demographic variables.**

N =30

S. No	Demographic and obstetrical variables	Post intervention level of after pain				Chi-square test $\chi^2$
		Mild		Moderate		
		n	%	n	%	
1.	Age					$\chi^2 = 0.66$ df=1 NS
	≤25 years	23	92	2	8	
	>25 years	4	80	1	20	
2.	Education					$\chi^2 = 4.51$ df=1 S*
	Primary school	6	67	3	33	
	High school/HSc/Graduate	21	100	0	0	
3.	Religion					$\chi^2 = 0.37$ df=1 NS
	Hindu Christian/Muslim	22	92	2	8	
		5	83	1	7	
4.	Locality					$\chi^2 = 0.13$ d.f=1 NS
	Rural	15	88	2	12	
	Urban	12	92	1	8	
5.	Dietary Pattern					$\chi^2 = 5.47$ df=1 S*
	Vegetarian	5	67	3	38	
	Non Vegetarian	22	100	0	0	
6.	Work Pattern					$\chi^2 = 5.76$ df=1 S*
	Sedentary	8	73	3	27	
	Moderate/Heavy	19	100	0	0	
7.	Parity					$\chi^2 = 0.51$ df=1 NS
	2 <sup>nd</sup> Para	23	86	3	12	
	3 <sup>rd</sup> Para	4	100	0	0	
8.	Vaginal Bleeding					$\chi^2 = 4.36$ df=1 S*
	Heavy (More than 5 pads)	10	77	3	23	
	Moderate (5 pads)	17	100	0	0	
9.	Baby weight					$\chi^2 = 0.37$ df=1 NS
	≤ 2.5kg	3	100	0	0	
	2.5 – 3.0 kg	24	89	3	11	
10.	Duration of Labour					$\chi^2 = 1.15$ df=1 NS
	≤ 10 hours	24	92	2	8	
	11 – 15 hours	3	75	1	25	
11.	No. of. Breast feeding per day					$\chi^2 = 0.83$ df=1 NS
	7 – 10 times	6	100	0	0	
	> 10 times	21	87	3	13	
12.	Use of Oxytocin					$\chi^2 = 1.29$ df=1 NS
	1 ampule	18	95	1	5	
	2 ampules	9	82	2	18	

\*p<0.05 NS - Non Significant, S-Significant

The Chi-square value of 4.51 showed that there was a significant association between education of multi para mothers and post intervention level of after pains after administration of selected nursing interventions such as fundal massage and alternative leg lifting exercise, similarly the other variables like dietary pattern, work pattern, vaginal bleeding were significantly associated with post intervention level of after pains. With regard to dietary pattern the chi-square value 5.47 was significant at the level of  $p < 0.05$ . In concern with work pattern chi-square value 5.76 was significant at the level of  $p < 0.05$ . Regarding vaginal bleeding the chi-square value 4.36 was significant at the level of  $p < 0.05$ .

There was no statistical significant association was found with other demographic variables and obstetrical variables such as age, education, locality, parity, baby weight, duration of labour, number of breast feeding per day, use of oxytocin.

# *Discussion*

## **CHAPTER - V**

### **DISCUSSION**

This chapter dealt with the discussion of results of the data based on the objective and hypothesis of the study. The uterus contracts and causes cramps that can vary from mild to very strong. These contractions are known as after pains. Most of the postnatal mothers feel after pains become worse with each subsequent deliveries.

The formulated hypothesis of this study was there was no significant relationship between the selected nursing interventions on reduction of after pains among the multi para mothers. Review of literature facilitated the investigator to collect the relevant information of facts to support the study, select problems, design the methodology, for conceptual frame work and to develop tools.

The conceptual frame work for the study was based on the Widenbach's helping art of clinical nursing theory. It provided comprehensive frame work for achieving the objectives of the study.

A pre experimental study was done to assess the effectiveness of selected nursing interventions such as fundal massage and alternative leg lifting exercises on reduction of after pains among multipara mothers. The study was conducted in Upgraded Primary Health Centre, Kundrathur. 0-10 Numeric Rating Scale was used to assess the level of afterpains. A total of 30 multipara mothers were selected by using purposive sampling technique. The multipara mothers were explained about the procedure and the assessment tool. Pre intervention level of after pains was assessed by using 0-10 Numerical rating scale. The multipara mothers were encouraged to empty the bladder, then the researcher administered the selected nursing interventions such as fundal massage for 30 seconds and alternative leg lifting exercise for 1 minute, each leg lifting for 30 seconds respectively. This procedure was repeated for 5 times within 10 minutes in the morning and the



evening on the same day. Then at the end of the procedure the post intervention level of after pains was assessed by using the same 0-10 Numeric Rating Scale.

The result of the study was presented with some interesting facts and some points of concern. In this study it was found that 19 ( 63%) mothers were in the age group of 20 – 25 years. In concern with educational status 19 (63%) mothers have completed their higher school. This study also reveals that, in religion most of the mothers 24 (80%) were hindu. In considering the locality half of the 17 (57%) mothers were staying in the rural area. The study also reported that in dietary pattern 22 (73%) mothers were non vegetarian. This present study also revealed that 22 (75%) of mothers were sedentary and moderate workers.

The finding of the present study was supported by Catherine (2005) who stated that majority of mothers were between the age group of 19 to 25 years and they belonged to hindu religion, educated upto higher education and were doing moderate work pattern. Majority of mothers delivered spontaneously with episiotomy and had moderate amount of vaginal discharge.

The present study results has found that 26 (87%) mothers were 2<sup>nd</sup> para mothers. Regarding the vaginal bleeding half of the postnatal 16 (53%) mothers had moderate bleeding and in concern with the baby weight 15 (50%) of the babies were born between 2.6 – 3kg . In considering the duration of labour most of the mothers 26 (87%) were delivered before 10 hours. Regarding the number of breast feeding 17 ( 57%) mothers had given breast feeding 11 – 15 times, with the use of oxytocin to the postnatal mothers 19(63%) mothers had received one ampule during labour.

This finding of the study were supported by Thompson (1994) stated that after pains occurs more often in multi para women whose uterus was overly distended. Periodic relaxation and vigorous contraction are more common in subsequent pregnancies and causes uncomfortable cramps.

The findings of the study were supported by Baby center staff (2004) has written an article on postpartum cramps (after pains). Postpartum cramps are caused by postpartum contraction of the uterus as it shrinks back to its pre pregnancy size

and location. Breast feeding also brings pain as the baby sucks, it releases a hormone called oxytocin which helps in uterine contraction, which speeds up the process of involution. The cramping is more intense during first 24-48 hours after birth. She suggests some relief measures such as urinating as often as possible and fundal massage helps to bring down the postpartum cramps.

***The first objective was to assess the pre intervention level of after pains among multipara mothers.***

In pre intervention level of after pains among multi para mothers. 5(17%) mothers had moderate pain, 25 (83%) mothers had severe pain and none of the mothers had mild pain and no pain.

This finding was consistent with the finding of Molly. B, (1998) the occurrence of health problem of postnatal mothers after having normal vaginal delivery reveals that 68% of mothers experience after pains between 1-2 weeks apart from other health problem. Therefore it is necessary to assess the level of afterpains using standard method before effective management of pain.

The study findings also supported by Goudburn. L, (2000) conducted an operational research to examine the post partum health problems at Bangladesh. The study has included 1010 postnatal mothers. In depth interview and checklist was used to collect the data. The study findings showed that among the samples 50% of mothers had after pains.

***The second objective was to assess the level of after pains among multi para mothers after administration of selected nursing interventions***

In post intervention level of after pains 27(90%) mothers had mild pain, 3(10%) mothers had moderate pain and none of them had no pain and severe pain

Similar study findings was supported by Murray. H, (2003) conducted a study to assess the level of after pains among postnatal mothers. Nursing measures like rest, change in position, frequent urination, was used to reduce the level of after pains. The study result showed that pain relief measures such as rest, change in

position, frequent urination helps in reduction of after pains and the pain level was less in primi para when compared with multi para mothers.

***The third objective was to evaluate the effectiveness of selected nursing interventions on reduction of after pains among multi para mothers.***

The study findings showed that the mean score was decreased from 8.13 to 1.70, which showed a marked difference of 6.43 respectively and the standard deviation decreased from 1.46 to 0.98, after the administration of selected nursing interventions such as fundal massage and alternative leg lifting exercises. The paired 't' value of 22.78, was very high significant at  $p < 0.001$  level. It indicates the effectiveness of selected nursing interventions on reduction of after pains among multi para mothers.

The study finding was supported by many researchers, they have conducted a Quasi experimental study among 60 postnatal mothers, in that 30 in experimental group and 30 in control group. Selected nursing interventions such as fundal massage and alternative leg lifting exercises was administered. The study findings revealed that postnatal mothers had significant decrease in the level of after pains following nursing interventions. (Poornima. S 2009; Karpagavalli. P, 2007; Smitha. J, 2005).

***The fourth objective of the study was associate the pre intervention and post intervention level of after pains among multipara mothers with their demographic variables.***

In pre intervention level of after pains there is no significant association between the level of after pains among multi para mothers with any of the demographic and obstetric variables such as age in years, education, religion, locality, dietary pattern, work pattern, parity, vaginal bleeding, baby weight, duration of labour, number of breast feeding per day, use of oxytocin.

The Chi-square value of 4.51 showed that there was a significant association between education of multi para and post intervention level of after pains after administration of selected nursing interventions, similarly the other variables like

dietary pattern, work pattern, vaginal bleeding were significantly associated with post intervention level of after pains. With regard to dietary pattern this chi-square value 5.47 was significant at the level of  $p < 0.05$ . In concern with work pattern chi-square value 5.76 was significant at the level of  $p < 0.05$ . Regarding vaginal bleeding the chi-square value 4.36 was significant at the level of  $p < 0.05$ .

There was no statistical significant association was found with other demographic variables and obstetrical variables such as age, education, locality, parity, baby weight, duration of labour, number of breast feeding per day, use of oxytocin.

*Summary,  
Conclusion,  
Nursing  
Implications,  
Recommendations  
and Limitations*

## **CHAPTER – VI**

### **SUMMARY, CONCLUSION, NURSING IMPLICATIONS, RECOMMENDATIONS AND LIMITATIONS**

This chapter gives a brief account of the present study it consist of four sections. in the first two sections, the summary and the implications for nursing practice are presented. In the last two sections, the recommendations for further research and conclusion are presented. The present study was intended to know the level of after pains among multi para mothers with selected nursing measures such as fundal massage and alternative leg lifting exercises.

#### **SUMMARY**

Child birth is a significant event in the lives of women and their families. It is a critical time in human development that transforms women into mothers. Child birth (also called partum, birth or parturition) is the culmination of a human pregnancy or gestation period with birth of one or more newborn infants. There are many minor disorders occurs after the delivery process. The investigator under took the present study to assess the effectiveness of selected nursing interventions on reduction of after pains among multipara mothers, in Upgraded Primary Health Centre, Kundrathur at chennai.

This study was conducted in Upgraded Primary Health Centre, Kundrathur, at Chennai. Thirty multi para mothers were selected by purposive sampling technique, data was collected by 0-10 Numeric rating scale to assess the level of after pains among multi para mothers.

### **The objectives of the study**

1. To assess the level of after pains among multi para mothers.
2. To assess the level of after pains among multi para mothers after administration of selected nursing interventions
3. To evaluate the effectiveness of selected nursing interventions on reduction of after pains among multi para mothers.
4. To associate the pre intervention and post intervention level of after pains of multi para mothers with their demographic variables.

The focus of the study was to evaluate the effectiveness of after pains among multipara mothers. The formulated hypothesis of this study was there is no significant relationship between the selected nursing intervention and reduction of after pains among the multipara mothers. Review of literature facilitated the investigator to collect the relevant information of facts to support the study, select problems, design the methodology, for conceptual frame work and to develop tools.

The conceptual frame work for the study was based on the wiedenbach's helping art of clinical nursing theory. It provided comprehensive frame work for achieving the objectives of the study. According to wiedenbach's theory the need for help was made by assessing the level of after pains among multipara mothers. Ministering the needed for help was met by administering the nursing interventions such as fundal massage and alternative leg lifting exercise. Validating the needed for help was met by valuation of post assessment level of after pains.

The pre experimental one group pre intervention post intervention design was used to achieve the objectives of the study. The present study was conducted in Upgraded Primary Health Centre, Kundrathur, with the sample size of thirty multi para mothers who fulfilled the inclusion criteria, using purposive sampling technique and the study was conducted for one month from 01.06.2011 to 30.06.2011. The investigator used demographic and obstetrical variables & 0-10 Numeric Rating Scale for data collection. Content validity of the tool was

obtained from nursing and medical experts. The reliability of the tool was checked through pilot study by inter-rater method and the finalized tools were used for data collection.

The study findings reveals the demographic variables of multi para mothers with after pains. In regard to the age 19 (63%) mothers were in the age group of 20 – 25 years, 6 (20%) mothers were in the age group of below 20 years, 5 (17%) mothers were in the age group of 26 – 30 years. In accordance with educational status, 19 (63%) mothers have completed their higher school, 9 (30%) have completed their primary school 1 (3%) had completed her higher secondary school, 1 (3%) had completed her graduation. In regard to the religion 24 (80%) of mothers were hindu, 4 (13%) were Christian, 2 (7%) mothers were muslim. In considering the locality 17 (57%) of them were staying in rural area, 13 (43%) mothers were staying in urban area. In accordance with dietary pattern 22 (73%) non vegetarian, 8 (27%) were vegetarian. Considering work pattern of the multi para mothers 11 (37%) were sedentary workers, 11 (37%) were moderate workers, 8(27%) were heavy workers.

The study findings revealed the obstetrical variables of multi para mothers with after pains. In regards with parity 26 (87%) were 2<sup>nd</sup> para mothers, 4 (13%) were 3<sup>rd</sup> para mothers. Regarding the vaginal bleeding 16 (53%) had moderate bleeding, 14 (47%) had heavy bleeding. In concern with baby weight 15 (50%) babies were between 2.6 to 3kg, 12 (40%) babies were between 3.1 to 3.5kg, 3 (10%) babies were below 2.5kg. In considering the duration of labour majority 26 (87%) mothers were delivered less than 10 hours, 4 (13%) mothers delivered between 11 to 15hours.

Regarding the number of breast feeding per day 17 (57%) of mothers had given breast feeding for 11 to 15 times, 7 (23%) of mothers had given breast feeding for 16 to 20 times, 6 (20%) of mothers had given breast feeding for 7 to 10 times. In relation with the use of oxytocin 19 (63%) of mothers had received one ampule during the labour, 11 (37%) mothers had received two ampules of oxytocin during labour.



The findings of the study shows that 25 (83%) mothers had severe pain and 5 (17%) mothers had moderate pain in pre intervention where as in post intervention 27 ( 90% ) mothers had mild pain and 3 (10%) mothers had moderate pain. None of them had no pain. And it also found that there was statistical difference in 't' test at the level of  $p < 0.001$ .

The findings showed that the mean & standard deviation of pre intervention pain score of multi para mothers  $M=8.13$ ,  $S.D = 1.46$  were higher than the post intervention level of pain  $M = 1.70$ ,  $SD = 0.98$ . The paired 't' test value of 22.78 was very high significant at the level of  $p < 0.001$ . It indicates that the selected nursing interventions was effective on reduction of after pains.

## **CONCLUSION**

The role of a nurse is to find out a very good way to alleviate the pain and make the postnatal period of the mother indeed the happiest period of her life. From the result of the study, it was concluded that rendering nursing interventions such as fundal massage and alternative leg lifting exercises to the postnatal mothers were effective in reducing the level of after pains. therefore, the investigator felt that, more importance should be given be assess the post partum after pains and discomfort experienced by the mother and measures should be taken seriously in order to reduce the after pains.

## **NURSING IMPLICATIONS**

The present study emphasized the selected nursing interventions such as fundal massage and alternative leg lifting exercises on reduction of after pains among multi para mothers

### **Nursing practice**

The midwives could have a vital role in enabling safe and effective measures on reduction of after pains intensity through the use of nursing interventions, and the nurse midwives should learn about accurate assessment of after pains with the use of appropriate pain scales. The nurse should understand the importance of nursing

interventions and should know it as a non pharmacological therapy in the field of obstetrics. Nurses should teach the postnatal mothers about the benefits of nursing interventions on reduction of after pains intensity and promote the postnatal mothers to use nursing interventions in after pain management and it helps in minimize the requirement of analgesics.

### **Nursing education**

The student nurses should be encouraged to know about the importance of nursing interventions to the postnatal mothers. The nurse educator should provide adequate clinical experience to the students, where nursing interventions can be effectively used as a midwifery approach on reduction of after pains and encourage the students to demonstrate the nursing procedure in clinical setting. The nursing library could have available literature regarding after pains management for students reference. The nurse educator should encourage student nurses to bring out innovative and creative ideas pertaining to effective and safe management of after pains, thus the education can encourage the students for the effective utilization of research based practice.

### **Nursing administration**

The role of a nurse administrator is to have a collaboration with medical departments to administer nursing interventions in reduction of after pains in postnatal period. The nurse administrator should arrange for a nurses awareness programs regarding the effectiveness of nursing interventions on reduction of after pains in the concerned department and provide opportunity for midwives to attend training programme on nursing interventions to reduce after pains. She can also initiate measures for introductions of nursing intervention in postnatal ward settings.

### **Nursing research**

Nurse researches can promote more research in after pains. As evident from the review of literature, more research needs to be warranted on this discipline. Disseminate the findings through conferences, seminars, publications in professional, national and international journals.

## **RECOMMENDATIONS**

- A similar study can be conducted by increasing the sample size.
- A comparative study between primi para and multi para mothers can be done.
- A comparative study between the fundal massage and alternative leg lifting exercise to see the effectiveness in reduction of after pains.
- A correlation study between breast feeding and level of after pains among postnatal mother can be done.
- A study can be done by providing back massage instead of fundal massage to reduce after pains.

## **LIMITATIONS**

The Investigator found difficulties in administering nursing interventions due to visitors involvement with multi para mothers in the evening, few mothers were finding difficulty in performing alternative leg lifting exercises.

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# *Appendices*

## **APPENDIX - A**

### **PART I**

#### **Demographic variables**

- 1. Age**
  - a. Less than 20 years
  - b. 20-25 years
  - c. 26-30 years
  - d. Above 30 years
- 2. Educational status**
  - a. Primary school
  - b. High school
  - c. Higher secondary School
  - d. Graduate
- 3. Religion**
  - a. Hindu
  - b. Christian
  - c. Muslin
  - d. Others
- 4. Locality**
  - a. Rural
  - b. Urban
- 5. Dietary Pattern**
  - a. Vegetarian
  - b. Non-Vegetarian
- 6. Work Pattern**
  - a. Sedentary
  - b. Moderate
  - c. Heavy

## **Obstetrical Variables**

### **1. Parity**

- a. 2nd para
- b. 3rd para
- c. More than 3rd para

### **2. Amount of vaginal bleeding**

- a. Heavy (More than 5 pads)
- b. Moderate (5 pads)
- c. Mild (3 pads)

### **3. Weight of the baby**

- a. below 2.5kg
- b. 2.6kg to 3.0 kg
- c. 3.1kg to 3.5 kg

### **4. Duration of labour**

- a. below 10 hours
- b. 11hours to 15 hours
- c. 16 hours and above

### **5. Number of Breast feeding**

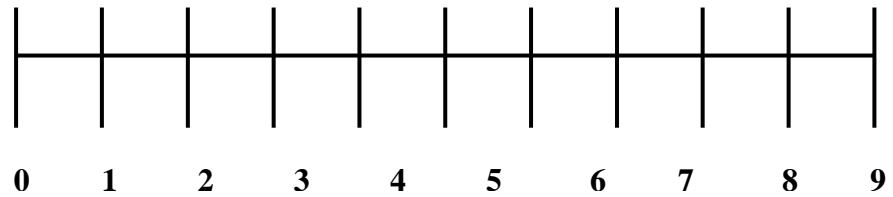
- a. 7 – 10 times
- b. 11 – 15 times
- c. 16 – 20 times

### **6. Use of oxytocin**

- a. 1 ampule
- b. 2 ampules
- c. 3 ampules

## **PART II**

### **0-10 NUMERIC RATING SCALE**



**Purpose:** to assess the level of after pains

#### **Instruction To The Participant**

Pain Assessment with the “0—10 Numeric” numeric rating Scale

1. I would like you to rate your pains on a scale from zero to ten.
2. ‘Zero’ means you have no pains at all.
3. ‘Ten’ means the worst possible pains you can image.
4. What number would you give to your pain?

Point the number that represents your pain.

*AUTHOR: McCaffery, M. & Beebe A. (1993)*

# **PART III**

## **SELECTED NURSING INTERVENTIONS ON REDUCTION OF AFTER PAINS**

### ◆ Fundal massage

1. Explain the procedure to the mother.
2. Encourage the mother to empty her bladder.
3. Provide privacy.
4. Make the mother to lie down flat on the bed.
5. Place one hand on top of the symphysis pubis and other hand on the fundus.
6. Gentle massage for 30 seconds in rotatory movement.
7. Repeat this exercise for 5 times.

### ◆ Alternative leg lifting exercise

1. Make the mother lie down flat on the bed.
2. Ask the mother to lift the right leg at  $45^0$  angle for 15 seconds.
3. Ask the mother to lift the left leg at  $45^0$  angle for 15 seconds.
4. Repeat this exercise ten times(5 times each leg)
5. Make the mother relax and comfortable.

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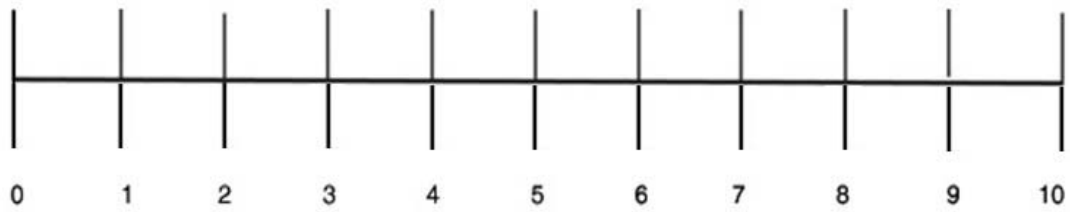
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## APPENDIX - B

### Letter Seeking consent of the subjects for the participation in the research study

I am voluntarily willing to participate in the study conducted by Ms. M. Priya Kumari, On "A Study to assess the effectiveness of selected nursing interventions on reduction of afterpains among multi para mothers in upgraded primary health centre Kundrathur at Chennai." I will also co-operate with the research in providing necessary information. I was explained that the information provided would be kept confidential and used only for above mentioned study purpose.

  
Signature of the investigator

  
Signature of the Participant

Place: Kundrathur

Date: 04.06.11

Place: Kundrathur

Date: 04.06.11

## APPENDIX – C

### PERMISSION LETTER

From:

Deputy Director of Health Services,  
Kancheepuram Health Unit District,  
Kancheepuram.

**Ms. M..PriyaKumari**, M.Sc(N) II year, Madha College of Nursing , Kundrathur, Chennai-69. is permitted to do project work (A Study to Assess the Effectiveness of Selected Nursing Interventions on Level of After pains among Multipara Mothers ) in upgraded Primary Health Centre ,Kundrathur.

  
DEPUTY DIRECTOR  
HEALTH SERVICES  
KANCHEEPURAM

From

To

**Medical Officer Incharge,**  
Govt. Primary Health Centre,  
Kundrathur,  
Kancheepuram Dist.,


**The Principal,**  
Madha College of Nursing,  
Kundrathur,  
Chennai – 600 069.

Sub: Completed project work – Relieving from Primary Health Centre – reg.  
Ref: 81/ GPHC Kundrathur / dated 30-06-2011

\*\*\*\*\*

Madam,

Here by I am gladly informing that **Ms. M. PRIYA KUMARI**, II nd Year M.Sc., Nursing Student of Madha College of Nursing, Kundrathur, have successfully completed her Project Work at our Primary Health Centre, Kundrathur, for the period of 30 days from 01.06.2011 to 30. 06.2011. She is relieved from our PHC on 30.06.2011 evening and advised to report back to her head of Institution.



Medical Officer Incharge  
Govt. Primary Health Centre,  
Kundrathur,  
Kancheepuram Dist.,

Date : 30.06.2011  
Place: Kundrathur

**Asst. SURGEON**  
**GOVT. UPGRADED**  
**PRIMARY HEALTH CENTRE**  
**KUNDRATHUR - CHENNAI - 69.**

## **APPENDIX - D**

### **LIST OF EXPERTS FOR CONTENT VALIDITY**

**Dr. SHANMUGAVALLI, M.B.B.S., M.D., D.G.O.,**

Assistant Surgeon

Upgrader Primary Health Centre

Kundrathur,

Chennai-600 069.

**Dr. SHALINI, M.D., D.G.O.,**

Prof. Department of Obstetrics and Gynecology

Madha Medical College & Hospital,

Thandalam.

**Dr. KALYANI MOHANRAJ R.N., R.M., M.Sc (N).,**

Head of the Department

Obstetrics and Gynecological Nursing,

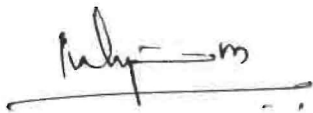
Chettinad College of Nursing,

Kelambakkam,

Chennai.

## CERTIFICATION FOR CONTENT VALIDITY

This is to certify that the content and the tool to the statement of the problem  
“A study to assess the effectiveness of Selected Nursing Intervention on  
Reduction of after pains among Multipara mothers in Upgraded Primary  
Health Centre, Kundrathur at Chennai” prepared by Ms. Priya Kumari. M,  
M.Sc(N) I year student currently pursuing her M.Sc (N) degree programme for the  
partial fulfillment of her dissertation at **Madha College of Nursing, Kunrathur,  
Chennai – 69** is found to be valid to the best of my knowledge.



Prof. Mrs. Kalyani Mohanraj .  
HOD, Obs & Gynae Nurs Dept .  
Chettinad College of Nurs .  
Kanchaepuram.



## CERTIFICATION FOR CONTENT VALIDITY

This is to certify that the content and the tool to the statement of the problem **“A study to assess the effectiveness of Selected Nursing Intervention on Reduction of after pains among Multipara mothers in Upgraded Primary Health Centre, Kundrathur at Chennai”** prepared by **Ms. Priya Kumari. M, M.Sc(N) I year** student currently pursuing her M.Sc (N) degree programme for the partial fulfillment of her dissertation at **Madha College of Nursing, Kunrathur, Chennai – 69** is found to be valid to the best of my knowledge.

✓  
29/3/11

Dr G-SHACINI HO, DGO



## APPENDIX - E


### CERTIFICATE FOR ENGLISH EDITING

### TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation " A study to assess the effectiveness of selected nursing interventions on reduction of after pains among multi para mothers in upgraded primary health centre, Kundrathur, Chennai, prepared by M. Priyakumari, II year M.sc (nursing) student of Madha College of Nursing, Kundrathur, is edited for English appropriateness

Name: G. RAVINDRAN

Signature:

  
**G. RAVINDRAN, M.A. M.Ed.,**  
P.G. ASSISTANT IN ENGLISH  
CORLEY HIGHER SECONDARY SCHOOL  
EAST TAMBARAM, CHENNAI-600 059



**CERTIFICATE FOR TAMIL EDITING**

**TO WHOMSOEVER IT MAY CONCERN**

This is to certify that the dissertation " A study to assess the effectiveness of selected nursing interventions on reduction of after pains among multi para mothers in upgraded primary health centre, Kundrathur, Chennai, prepared by M. Priyakumari, II year M.sc (nursing) student of Madha College of Nursing, Kundrathur, is edited for Tamil appropriateness

Name:

M VISWANATHAN

Signature:



M Viswanathan

HEADMASTER

Jatgopal Garodia National Hr. Sec. School  
Tambaram East, Chennai - 600 059

JATGOPAL GARODIA  
NATIONAL HR. SEC. SCHOOL  
TAMBARAM, CHENNAI-59.